This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

A 3 9015 00386 415 7
University of Michigan – BUHR

1817
ARTES VERITAS SCIENTIA
LIBRARY OF THE
UNIVERSITY OF MICHIGAN
TUEBOR
SI QUAERIS PENINSULAM AMOENAM CIRCUMSPICE
MEDICAL LIBRARY

610.5
C53
M5
J8

THE NORTH-WESTERN

MEDICAL AND SURGICAL

JOURNAL.

EDITED BY

N. S. DAVIS, M.D.

PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE AND CLINICAL MEDICINE IN
RUSH MEDICAL COLLEGE; ONE OF THE PHYSICIANS TO THE MERCY HOSPITAL;
FELLOW OF THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK;
MEMBER OF THE MEDICAL SOCIETY OF THE STATE OF NEW
YORK AND OF THE STATE OF ILLINOIS; MEMBER OF THE
AMERICAN MEDICAL ASSOCIATION, &C.

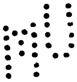
AND

H. A. JOHNSON, A.M. M.D.

PROFESSOR OF MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN RUSH MEDICAL
COLLEGE; ONE OF THE SURGEONS OF MERCY HOSPITAL; MEMBER OF THE
AMERICAN MEDICAL ASSOCIATION; MEMBER OF THE ILLINOIS
STATE MEDICAL SOCIETY, &C.

VOL. V. NEW SERIES. VOL. XIII. WHOLE SERIES.

CHICAGO:
ROBERT FERGUS, PRINTER, FRANKLIN HALL, 189 LAKE STREET.
1856.



Medica. uv,

INDEX TO VOL. V.

PAGE.
Adams Wm. on Infantile Paralysis,...... 72
Address, Valedictory, by T. D. Washburn,......103
Address, Valedictory, by W. B. Herrick,......199
Address of the President of American Medical Association, 1856,......379
Address on Alcoholic Drinks in Phthisis, by N. S. Davis,...... 406
Albumenuria, or Bright's Disease,......487, 130, 42
Alkaline Method of Treatment in Acute Rheumatism,......455
Alsidium Blodgettii in Consumption and Scrofula,......483
American Medical Association, History of,......45
American Medical Association, Annual Meeting of,......475, 259, 193, 100
Amerman, George, on Laryngotomy,......439
Amputation of Penis,......422
Amputation of the Thigh, by H. A. Johnson,......442
Apology, ...53
Æsculapian Society, Proceedings of,......568, 327, 193, 21

Barlow, George Hilaro, on Practice of Medicine,......312
Beckner, J. F. Cases of Puerperal Convulsions,......62
Bennett on Uterine Pathology,......524
Blakiston, Peyton, on the Treatment of Sciatica,......75
Brainard, D. Operation for Inguinal Hernia,......94
Bronchitis and Pleurisy, with Effusion, Pneumothorax, &c......452
Bronzed Skin from Disease of Supra-Renal Capsules,......243
Bromine as a Specific in Pseudo-Membranous Affections,......485
Brown, Isaac Baker, on Surgical Diseases of Woman,......318
Byford, W. H. on Milk-Sickness or Tires,......25

Cancer of Penis, Amputation of,......422
Carbonic Acid Gas as a Local Anæsthetic in Uterine Diseases,......425
Cases in Practice, by Benj. Woodward,......59
Chemistry, Physiological, by C. G. Lehmann,......41
Chloroform, Remote Effects of,......292
Cholera Epidemic, Treatise on, by H. G. Jameson, Sen......84
Cholera in Moscow, Portugal, and Madeira......482, 485
Chronic Dysentery, Benzoin in Treatment of,......533
Churchill, Fleetwood, on the Diseases of Infants and Children,......566
Cinchonæ, Sulphate of, in Intermittents,......514
Climate of Lake Superior, by Charles Whittlesey,......55
Clinic of Dr. Biddle,......130
Clinical Lectures on Surgery, by M. Nelaton,......38
College of Physicians and Surgeons of New York,......54
Commencement in Rush Medical College,......98
Consumptive Hospital in New York,......54
Consumption, Sun's Rays in,......532
Controversy, ...336
Cook County Medical Society, Proceedings of,......195, 87, 42
Cornea, Laceration of,......305
Curling, F. B. on the Testes, &c......474

Davis, N. S. on the Means of Preserving Milk, &c......7
Davis, N. S. on History of American Medical Association,......45
Davis, N. S. on Alcoholic Drinks in Phthisis,......406
Davis, N. S. on Changes in the Composition and Properties of the Milk of the Human Female, *Produced by* Menstruation and Pregnancy,......585
Davis, H. *W. on Dysentery,*......295

Death from Drinking Naphtha,............582
Delaware County Medical Society,............241
DeWitt County Medical Society,............146
Dictionary, Medical, by R. D. Hoblyn,............40
Disease, Prevalence of,............145
Dislocations, Sprains, and Fractures, Effects of,............161
Dissector's Manual, &c. by Erasmus Wilson,............525
Doctor's Life, by an M.D............102
Dropsy, Abdominal,............127
Dysenteria Intermittent,............295
Dysentery,............479

Editors, Association of,............197
Empyema, Case of,............91
Erysipelas, Treatment of by Proto-Sulphate of Iron,............101
Essay for a Prize,............529
Excrescences, Warty, of the Labia,............89
Experimental Physiology, by M. Bernard,............218
Extra-Uterine Pregnancy,............37
Extensive Injury During Pregnancy,............58

Fever, Yellow, by Theod. Walzer,............1
Flint, Austin, on Physical Exploration and Diagnosis,............4
Fœtal Malformations, by W. W. Adams,............2
Forceps *versus* Embryulcia,............
Fox, G. M. on Injury to Perinium,............
Fracture, Compound, of the Thigh, by D. Prince,............
Fractures, Ununited,............
Freer, J. W. on Fractures, &c............
Freese, J. R. on Forceps *versus* Embryulcia,............450,

Gangrene from Cold,............
Graduates of Rush Medical College,............
Graduates of Medical Colleges,............
Graham, James, on Alkalies in Rheumatism,............
Goodbrake, C. on Pre-Expulsion of Placenta,............
Goodwin, A. E. on Intermittents and Their Remedies,............
Glycerine, an Inaugural Thesis, by H. Wardner,............

Hall, W. G. on Neuro-Pathology of Fever,............
Heart, Movements of, Indicated by a New Instrument,............
Heart and Aorta, Diseases of, by Wm. Stokes,............
Heise, A. W. on Extra-Uterine Pregnancy,............
Henry County Medical Society,............33
Hernia, Inguinal, with Operation by D. Brainard,............
Herrick, W. B. Valedictory Address,............
Hoblyn, Richard D., Dictionary of Terms, &c............
Human Physiology, by Robley Dunglison,............

Illinois State Medical Society, Transactions of,............818, 181,
Infants and Children, Diseases of, by Fleetwood Churchill,............
Inhalation of Medicated Vapors,............
Injuries of Shoulder Joint, Diagnosis of,............
Insanity, &c. in France,............
Intermittent Insanity, Case of............84
Introduction to Practical Pharmacy, by Edward Parrish,............86
Iodide of Potassium in the Treatment of Ague,............428
Isham, Ralph, Case of Bronchitis, Pleurisy, &c............452
Itch, Cure of, in Half an Hour,............482

AL JOURNAL.

NO. 1.

ICATIONS.

on the Means of Pre-
of Pregnancy and Men-
Qualities of that
Medical Association,
N. S. Davis, M.D., &c.
Medical Association.

your Committee requires
viz: First, the means
injurious changes in its
of time; Second, the
undergoes during the
changes which occur
gnancy

Professional Changes,..........336
Professional Reputation,..........583
Prince, David, Case of Compound Fracture of the Thigh,..........125
Puerperal Convulsions, Cases of,..........62
Pustular Eruption of the Skin, from the Internal Use of Tartar Emetic,.....101

Ranking's Half Yearly Abstract,..........134
Regurgitation, Obstinate, Treated by Chloroform, by Isaac E. Taylor,......551
Report on Meteorological Characteristics, &c. for 1856,..........497
Report on Practical Medicine, by Samuel Thompson,..........391,343
Rush Medical College, Public Commencement of,..........98
Rush Medical College,..........578, 479, 480

Scarlatina, Treatment of by Oil of Turpentine,..........148
Sciatica, Treatment of, by Peyton Blakiston,..........75
Sherman, N. on Cancer of Penis,..........422
Simpson, James Y. Obstetric Memoirs and Contributions of,..........564
Skull, Compound Fracture of, with Symptoms of Compression—Operation, by Wm. Manson and John T. Richardson,..........547
Statistics of Mortality,..........47
Sterility, by A. K. Gardner,..........524
Subscribers, Notice to,..........574, 480, 1 9
Surgery, Principles of, by James Miller,..........312
Surgical Practice, Treatise on, by H. H. Smith,..........525
Surgical Diseases of Women, by I. B. Brown,..........318
Sydenham Society, Works Published,..........534
Syphilis by Vaccine Lymph,..........18

Taylor, Isaac E. Case of Obstinate Regurgitation Treated by Chloroform, 551
Tetanus, ...509
Therapeutics and Pharmacology, by George B. Wood,..........567
Thompson, Samuel, on Practical Medicine,..........391, 348
Thompson, Allan, on Origin of Entozoa,..........521

Union Medical Association,..........486
Unprofessional Advertisements,..........485
Ununited Fractures,..........530
Uterine Hemorrhage, Treatment of,..........69

Vaccination in Relation to Blindness,..........484
Veratrum Viride in Fevers,..........16
Very Sensitive,..........488

Wardner, H. on Glycerine,..........247
Washburn, T. D. Valedictory Address, &c..........103
Watson, John, on the Medical Profession of Ancient Times,..........433
Willard, E. R. on Turning with Rigid Os-Uteri,..........428
Wood, George B. on Therapeutics and Pharmacology,..........567
Woodward, Benjamin, on Cases in Practice,..........59

THE NORTH-WESTERN MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. JANUARY, 1856. NO. 1.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Report of the Committee on the Means of Preserving Milk, and on the Influence of Pregnancy and Menstruation on the Composition and Nutritive Qualities of that Fluid.* Prepared for the American Medical Association, Annual Session of May, 1855. By N. S. DAVIS, M.D., &c. From the Transactions of the American Medical Association.

THE general subject assigned to your Committee requires consideration under three distinct heads, viz: First, the means capable of preserving milk free from injurious changes in its composition for an indefinite length of time; Second, the changes which the milk of the female undergoes during the period of menstruation; and, Third, the changes which occur in the same fluid in those cases where pregnancy supervenes while lactation is still going on.

If we keep in mind the whole period of human life, from the tender period of infancy to old age, we shall readily perceive that Milk is not only one of the most important, but also one of the most essential articles of diet in the possession of man. It is the only article provided by nature for the first period of life, and for which the genius of man has never succeeded in devising a substitute. Embracing in its composition all the elements necessary for the nutrition of the various structures of the body, and in a form so bland and easily absorbed as to be adapted to the most delicate condition of the digestive apparatus, it is often no less valuable to the invalid and the convalescent than to the infant. In this one fluid we have, in the form of organic matter, *casein*, *oils*, and *sugar;* and as inorganic matter, phosphates of lime, magnesia, and iron, chlorides of sodium, potassium, and soda; and sulphur. All these ingredients are either dissolved or suspended in water, in nearly the following proportion, viz:

Water, - - -	87.7
Organic matter, -	10.8
Inorganic matter, -	1.5
	100.0

The only ingredient not in a state of complete solution is the oil or butter, which exists in the form of minute globules, lighter than the water, and consequently disposed to rise to the surface whenever the milk is allowed to remain at rest. The casein, which is one of the most abundant ingredients, closely resembles albumen in its chemical composition, and like it, liable to undergo decomposition or change by exposure to heat or air in a moist state. But of all the constituents of milk, the sugar is the quickest to undergo changes by time and temperature. Chemically identical with grape sugar, it is very easily converted into lactic acid by a process of fermentation. At an ordinary summer temperature, from six to twelve hours is sufficient to effect the change, or at least to begin it. In the natural condition of fresh milk, the soda is in combination with the casein, and is the means of rendering the latter soluble in the water. No sooner, however, is lactic acid generated from the decomposition of the sugar, than it unites with the soda, leaving the casein free, and consequently insoluble, and in the form of white coagulated masses. These changes constitute the process, familiarly known as the "*souring*" of milk. By this very brief glance at the composition of milk, we see in the number and nature of its ingredients, and the feeble affinity by which some of them are held together, the reason why it so speedily undergoes important changes when exposed to the influence of time and temperature. In rural districts, where animals from which fresh milk may be obtained are abundant, the necessity of preserving the milk for the purpose of rendering it less liable to change, is not felt. But on ships at sea, during long journeys over uninhabited regions of country, and in large cities, the difficulty of obtaining pure and fresh milk is very great; so much so, indeed, as to be not merely a source of discomfort, but of greatly increased sickness and mortality, especially during the first two years of life.

The very high ratio of mortality among children in all our large cities is a fact familiar to all. And though many causes may combine to produce this result, yet long continued and careful observation has satisfied your committee, that among them there are none more prolific of evil than the defective supply of pure milk. The dairies which are kept within the environs of large cities, and on which the citizens chiefly depend, are subject generally to so much confinement and unwholesome food, that both the cows and their milk become diseased and impure, even when no adulterations are resorted to by the dealers.

When railroads were first constructed, extending from the cities into rich agricultural districts, it was anticipated that the rapidity of transportation would ensure a constant and abundant supply of the article from the rich pastures of the country. But a little experience was sufficient to demonstrate the falsity of these anticipations. For however short the time required for transportation, the additional time used in transferring the milk from the farm house to the cars, from the latter to the general depot, and from thence to individual customers scattered over a large city, accompanied at each step by more or less agitation, is such, that through all the warm season, even with the greatest possible care, the milk is so diluted by the ice used to keep it cool, and so near the full change called *souring*, that it is totally unfit for the nourishment of young children and adults with sensitive organs of digestion. We speak on this subject from much personal experience and observation. Hence there could scarcely be a more important improvement, or one which would contribute more to the health and happiness of men than the discovery of some economical and easy method of rendering milk incapable of undergoing change by time and temperature, while at the same time its nutritive qualities and easy digestibility remained unaltered.

During the last half century various attempts have been made to accomplish this result, but until quite recently with very little success. If they have in some intances succeeded in preserving the milk a long time fit for use, it has been either by depriving it of some of its valuable ingredients, or by adding other substances to such an extent as to materially alter its qualities. Thus the plan of M. Appert, consisted in boiling the milk in an open vessel until it was reduced one half in bulk, frequently skimming it, and finally adding the yolk of one egg to each quart of the concentrated milk. It is then to be kept in bottles. An article of "preserved milk," sometimes found in the market in the form of paste, is thought by a committee of the New York Academy of Medicine to have been prepared by a process somewhat similar to the method of M. Appert; it containing a considerable quantity of albumen. It is easy to perceive that the boiling and skimming process of M. Appert, and the subsequent addition of albumen, or the yolk of eggs, materially alters the quality of the milk and renders it objectionable.

The most successful method yet devised for the preservation of the nutritive qualities and ingredients of milk, in a form at once permanent and portable, is that of Mr. Samuel T. Blatchford of Dutchess County, New York. By his method the water of the milk is evaporated and all its other constituents obtained in a dry and solid state, mixed with a certain proportion of white sugar. When prepared for the market it is in the form of square or oblong tablets, covered with tinfoil, each weighing one pound. In this form it is very firm and dry, and has been carried on ships through almost every parallel of latitude and longitude, and kept more than twelve months without change; it being when re-dissolved in water possessed of all the constituents and qualities of fresh milk, with the simple addition of sugar. Its capability of being kept without unfavorable change through any reasonable period of time, and under exposure to a temperature equal to the warmest seasons and climates, provided it be kept dry, has been fully tested. Your committee have been unable to detect any change in the qualities of specimens, carelessly left in a box in the office, during all the past summer.

The same preparation of milk is also found in the market put up in cans, instead of solid tablets. In the cans it is in the form of a dry, granular powder, and is more readily soluble in water than the tablets. The latter for use requires to be grated fine, or pulverized, and may then be readily dissolved either in cold or tepid water; a pound of the solid tablet being sufficient to convert five pints of water into a good quality of fresh milk. During the summer of 1854, a committee of the New York Academy of Medicine, consisting of Drs. J. H. Griscom, John R. Van Kleek, Benj. Drake, W. N. Blakeman, John Shanks, Joseph M. Smith, Saml. A. Purdy, A. H. White, James Stewart and James M. Minor, visited the establishment of Mr. Blatchford in Dutchess County.

In their subsequent report to the Academy the committee use the following language, viz:

> "It (the process) has been fully subjected to our critical examination; we have traced the milk of the rich pasturage of Dutchess County, from the udder to its final conversion into the solid tablet; and we find it, in all its stages and appliances, to be based upon a thorough knowledge of the chemistry and dynamic tendencies of the natural fluid. It is not within our province, nor would it be proper here, to detail the steps of this operation; and it will suffice for this to state that the article called '*Solidified Milk*,' obtained from that locality, and presented to us for examination, is nothing but the solid constituents of pure milk, combined with a little less than an equal part, by weight, of white sugar; *that it contains no other foreign substance;* that the various solids of the original fluid are preserved intact, even the butter globules being unbroken; that it is readily and perfectly soluble in water, and when it is so disolved in proper proportion, it is in fact milk as it was secreted from the cow, with the sole exception of the sugar which accompanies it, that the only medicinal or culinary operations in which ordinary milk is required, and this article cannot be used, are those in which sugar is inadmissible, while on the other hand, whenever sugar is required in connection with milk, they are here found

together."—In another part of the same report, it is said that, "the only objection, besides that of the presence of sugar, which can be made to it is an empyreumatic flavor somewhat similar to that of boiled milk, which it receives in the process of manufacture. This varies in degree, but is much less distinct when the solution is made with cold than with hot water, and in the preparation of custards, puddings, arrow-root, wine-whey, ice-creams, &c., in all of which your committee have practically tested it, it disappears."—In regard to the change of constituents the committee further observe: "There is no loss of any nutritive material, a fact of which we can always be assured, for the article cannot be produced except from *fresh* milk, as any change in the character of the original fluid, either by spontaneous decomposition, or otherwise, must spoil the result. So any dilution of the fluid, by water, must only lengthen the process of manufacture and thereby endanger the issue."

These opinions, expressed by so able a committee, after a personal examination of the process, and a careful investigation of the whole subject, are sufficient, doubtless, to satisfy the members of this Association that the "*solidified milk*" is all that the manufacturer claims it to be; and that the great desideratum in regard to the preservation and portableness of that important article of nourishment has been fully attained by Mr. Blatchford.

But having, previously to the reception of the report from which I have been quoting, subjected the "*solidified milk*" to a rigid investigation, I will briefly add the results of my own observations and experiments.

When perfectly dissolved in water, in the proportion of three ounces to the pint, and examined under the microscope, no difference could be detected between it and fresh milk, except the presence of sugar in the former. Annexed are accurate sketches of both, copied from the field under the microscope magnifying 800 diameters. Repeated chemical analysis showed clearly the presence of all the solid constituents of pure milk in their natural proportion, with the addition of sugar and a small excess of soda. It is true, the New York committee assert, "that it contains *no other foreign* substance" than sugar, but unless my examinations have been altogether deceptive, there is a larger amount of *soda* than belongs naturally in the milk. Its quantity, however, is not sufficient to constitute the least objection, or to be noticed in any of the purposes to which the milk may be applied. On the contrary, alkali being a natural constituent both of the milk and the blood, can hardly act as a foreign ingredient in the limited quantity which I suppose to exist in the substance under consideration. Having obtained none but the most satisfactory results from the microscope and chemical examinations, I next directed my attention to its use as an article of food, both for the sick and the well. I caused three children under two years of age, to be fed almost exclusively on the solidified milk dissolved in water, for two weeks in succession. The results were in every respect as favorable as when the same children were fed on the best quality of cows' milk. I also embraced some opportunities to use the article for the nourishment of young infants, who were deprived of milk from the breast of the mother, and who were found incapable of being nourished on such milk as was furnished by the milk-men of the city. The following is one of the cases of this kind:

Mrs. S. was confined in her first labor, on the 16th day of September, 1854. She was delivered of a healthy male child, without any untoward symptoms; but four days after was attacked with symptoms of puerpural peritonitis, from which she recovered in about ten days, but without any flow of milk sufficient to nourish the child.

During the sickness of the mother, and for ten days subsequent thereto, efforts were made to nourish the child on the milk furnished by the milk-man of the city; but it was often rejected by the stomach in a *sour state*, and the child emaciated rapidly, its bowels became disordered, the mouth covered with *thrush*, and two or three abscesses made their appearance in the cellular tissue of the neck and shoulders. Seeing the child in this unpleasant condition, I furnished the family a tablet of the solidified milk, with the request that it should be dissolved in water as required for use, in the proportion of three ounces to the pint of water, and given to the child *ad libitum;* at the same time withholding all other nourishment, and prescribing no remedies except a powder of alum and white sugar to heal the mouth. So soon as this change was made in the diet of the child, it began rapidly to improve. It ceased to vomit, the bowels became more regular, and in a few days it began perceptibly to increase in flesh.

It continued to be fed almost exclusively on the solidified milk for several weeks, during which it remained well, regained a good degree of flesh, and grew finely. The parents soon after left the city, and the child passed beyond the reach of my observation. To detail other cases would extend my report to an unnecessary length. It is sufficient to observe, that all my experiments, calculated to test the nutritive qualities and digestibility of the article, have led to highly satisfactory results.

From the observations thus far made, I have been able to discover only three objections to the substance under consideration. The first is that it contains an extra quantity of sugar. As an article of nourishment, and for most culinary purposes, this objection would have no weight; bnt to use with tea and coffee, it would be disagreeable to many. The second objection is the empyreumatic flavor spoken of by the committee of the New York Academy of Medicine, and which is certainly quite perceptible when used alone, or with tea and coffee. But this flavor is disliked by a comparatively small number of persons only, repeated use would doubtless soon remove the *dislike* even with them. The third objection has reference to the price; which, if I am correctly informed, is twenty-five cents per pound at retail, being equivalent to about *four* cents a *pint* for pure milk. On the other hand, the solidified milk of Mr. Blatchford's manufacture, possesses some advantages of importance. Its capability of perfect preservation enables us to procure it by the box as we would sugar, thereby saving all the trouble of being waited upon by a milk-man once or twice a-day; and what is of still greater importance, it may be dissolved and ready for use in just such quantities as needed, in a few minutes, thereby enabling those who use it to have at all times a *fresh* article. Again, it may not only be diluted like ordinary milk to any desirable degree, but it may also be dissolved in such proportion as to render the solution much more rich in nutritive constituents than ordinary milk; thereby furnishing more nourishment in a small quantity of fluid, a quality of importance in some conditions of the digestive organs. From the investigations I have been able, thus far, to make, I have been led to regard the following conclusions as essentially correct, viz:

1st, That in the "solidified milk" manufactured by Mr. Samuel T. Blatchford, of New York, there is preserved all the solid and nutritive constituents of fresh and pure milk, in such a state as to be capable of remaining unchanged for years, if kept free from moisture.

2d, That the solid constituents of the milk so preserved, retain their natural combinations and qualities so perfectly, that when dissolved in water, in proper proportion, the solution possesses all the chemical, microscopical, physical, and nutritive qualities of fresh and pure milk from the cow, modified only by the presence of an excess of white sugar and a trifling proportion of soda.

3d, That the article may be used, not only safely, but advantageously, for all the purposes to which milk is applied, except those in which sugar is positively inapplicable.

Its portableness, its solubility, and consequent capacity to furnish at all times a solution perfectly fresh, and of any required degree of richness, renders it especially applicable to the nourishment of young children and invalids. And hence, your committee do not hesitate to recommend it as a reliable substitute for milk procured by the methods in ordinary use, not only on ships at sea, and during long journeys overland, but also as an article for general use in all our large cities.

A tablet of the "solidified milk," manufactured by Mr. Blatchford, about ten months since, is herewith presented to the Association for the inspection of its members.

In regard to the remaining topics referred to your committee for investigation, viz: the influences of menstruation and pregnancy on the composition and qualities of milk, I am not able to make a satisfactory report. Although I have gathered some facts of interest, yet it is easy to perceive that the opportunities for a careful and thorough investigation of these topics would not be numerous, in the practice of any one physician during the short period of one year. Should the Association deem these topics of sufficient importance to continue the committee, I shall be happy to pursue the investigation until more satisfactory results are obtained.

All of which is respectfully submitted.

ARTICLE II.—*On the Use of Veratrum Viride in Fevers.* A Letter from Huntingdon, Indiana, addressed to one of the Editors.

Dear Sir,—I hope it will not prove a source of annoyance to give you the result of my experience in the use of veratrum viride as a diaphoretic in the hot stage of our autumnal fevers.

I noticed with interest your observations in your Journal, sometime last spring, upon the use of this agent in puerperal peritonitis; and from your opinion of its modus operandi, it suggested itself to me, that it would be an excellent agent in the hot stage of fever, as above stated, and determined upon giving it a trial in the first favorable opportunity. In July last, when fevers became prevalent here, I gave it in teaspoonful doses to an adult, during the hot stage, with the result that far surpassed my expectation. It not only reduced the heart's action rapidly, but at the same time brought about free diaphoresis; its action was so certain in every case, that in my pill bags it soon occupied the space set apart for the pulvis ipecac. et opii.

I used it in the form you recommended, excepting water instead of the camphorated tinct. of opium, for no other object than to render its administration more certain, being easier telling when a teaspoon is full than when only two-thirds.

R. Sat. Tinct. Veratrum Viride, -	iʒ
Spts. Nitre Dulcis, . - -	i℥
Water, - - - - - - -	i℥

(I gave it indiscriminately in every temperament and age, and to the extent of producing free emesis, and found no bad effect when it was given to the extent of producing emesis; it also produced considerable prostration, but that, together with the vomiting, would cease spontaneously in one or two hours after withholding the medicine, at which time I would invariably find my patient in a profuse sweat, and in a fine condition for the administration of quinine, and, if given freely, had no return of fever.)

It would produce such profuse sweating and relaxation, that I sometimes thought it was a great pity Sam. Thompson had not known of it; it would have been such a saving to them in the way of fuel, expended for making steam. It acted so well in my hands, that I suggested to my friend, Dr. Greyston, of this place, to give it a trial also, which he did with as favorable a result. I will give briefly a few cases:

Master Hardman, aged 10, after a chill, had suffered three days, with a high grade of fever, with a very slight remission, if any, in spite of the Dover's powders he had taken every two hours, in proper doses, and *bitter* herb tea, as recommended by Dr. S. of this place; at this time I saw him, and found him talking incoherently; as you would expect, at this stage, skin dry and hot, tongue and mouth dry, &c. I gave him one-half of a teaspoonful of the mixture every hour, until he had taken seven doses, when he commenced vomiting freely, and continued to do so for about one and a-half hours, when it subsided, leaving him in the condition I have above stated, sweating freely, pulse reduced to about 90; I gave quinine freely, and he had no return of the fever.

The above case will answer in every particular for a number of other cases with the same result.

A case that I think is as much to the point, was the following: a Mrs. E. was attacked with a continued form of fever; I had got out of the saturated tincture; I had some more preparing at this time, and I was compelled to use the Dover's powder as a substitute, which I gave freely, alternating it with spts. nitre for three days; but the fever went on, regardless of my dosing. I remarked to the lady, that it seemed a difficult matter to get her into a sweating stage. "Oh!" said she, "Doctor, you must not wait to get me to sweat before you cure the fever; for if you do, you will let me die. For Dr. Leaper, of Ohio, tried ten days once, when I had the fever, to make me sweat, and could not, and had to cure me without it; I never sweat, Doctor, sick or well." I still continued my Dover's powders, with all the adjuncts I could bring to bear, for three days longer, when I had almost concluded with the Ohio Dr., to cure her without sweating. I thought, however, my tincture had some strength, and I gave it *ad libitum* until I produced free emesis—a very profuse sweating. I gave her four grains of quinine every three hours, without any return of the fever; and here it will not be out of place to say, that I have found no case of fever during the past summer, (and we have had a great many on the Wabash the past summer and fall,) that has not given way with this size doses of the quinine.

I submit the above for what they may be worth, only hoping that some of my medical brethren, whose discriminating powers are better than my own, will give it a further trial. I have used it in but one case of pneumonia; but I believe it will be a great adjuvant in the treatment of that disease.

Yours, respectfully,

Prof. N. S. Davis. J. R. Mills, M. D.

[We insert the following Letter with pleasure, as we do almost everything calculated to draw attention to our indigenious Materia Medica.—Editor.]

ARTICLE III.—*Intermittents and remedies.*

Doct. Davis,—Dear Sir,—It strikes me that in writing for a Medical Journal, our object should be to communicate some important facts relating to the *Practice of Medicine.*

I have endeavored in this article to fulfil this principle. I take the liberty to send it to you to dispose of as you think best.

Should you deem it possessing sufficient merit to be entitled a place among the pages of your Journal, it will gratify the writer, whose object has been to accomplish good to the medical fraternity, and hope its perusal will suffice to induce my brethren to ponder on the importance of the subject.

Ever since the middle of the seventeenth century, *Cinchona* has been the great remedy for intermittents. Its use has been almost universal as the specific, the *sine qua non* for miasmatic fevers or periodics.

Its use has grown into a *mania* among the people and profession. It is quinine, first and last—the *alpha* and *omega* in treatment.

However, the last few years, a chosen few have been awakened to a consideration of the article, and some prejudices have arisen unfavorable to its merits.

And we are happy to record, that it is yielding to legitimate medicine and inductive philosophy. That persistence in error does not always continue to sway the world. I would not be understood as totally discarding quinine in medicine or in intermittents. But that it has been overrated, been rode as a *hobby*, and *hobbyism* I detest. That there are equally as good and better remedies than *Cinchona*, or its *alkaloids*, for *fever* and *ague*, is what I would inculcate; that this is not the specific *par excellence;* that we have indigenous remedies far preferable as a curative, as feasible preparations, and at less expense. Quinine will certainly stop the chill; but sure as *fate*, it will again return upon slight exposure. In primary agues, it does very well, but in secondary protracted cases, other remedies are more certain and reliable.

Quinine is mobile in its effect, not imparting tone and vigor to the nervous centres; hence the great proclivity to relapses.

Let us not persist in its use, when our understandings are enlightened as to its inferiority in comparison with others. Wherever intermittents prevail, I have no doubt as to indigenous specifics. Let me furnish you a brief sketch of a few of the indigenous remedies of Illinois, equally as powerful and certain as quinine, dispensing with the trouble and expense beside of going to South America for an antidote, for we have it at home within our reach.

The *Hickory*, (*Juglans*) so common, is an excellent antiperiodic—the inner bark of either varieties in decoction. Hickory tea can be recommended as a safe and effectual remedy in cases of simple and confirmed agues.

The *Wild Crab Apple*, (*Pyrus malus*) is another, growing so plentifully in the West. A decoction of the root forms a good remedy for chills.

The *Poplar* (*Populus tremuloides*) is a superior remedy, and can be much relied upon.

Dogwood (*Cornus sericea*) is another powerful antidote, superseding by far the use of Cinchona, or any of its preparations, in cases of long standing.

The *Branch Willow*, (*Salix alba*) found along the margins of our creeks. The root or inner bark, in decoction, is an old and well-known remedy in fevers of the South, and cures chronics more effectually than quinine. Its alkaloid (*salicin*) is being much used.

The Chestnut, especially *Horse-Chestnut*, (*Æsculus Lippocastanum*) furnishes another remedy in the list.

Decoction of the corn blade and of corn meal will cure simple intermittents.

A decoction of Hickory, Willow, and Dogwood barks, one-half ounce each to a pint of water, taking a half glassful every two hours between the paroxysms, will cause them to succumb to its herculean powers! Or a decoction of any one single bark, one ounce to the pint of water, and dose one-half glassful, will fulfil its prescribed mission, that of curing as many, if not more, intermittents as *Cinchona* or *Quinine*.

If I were to select a foreign remedy for obstinate intermittents, it would be the *Faba sancti ignatii*—its extract, a half grain twice-a-day. It is a reliable tonic, invigorating the nervous centres, thus preventing relapses. I have used it in my practice with beneficial results, and have not as yet known of its failure. It acts upon the emunctories, the skin, the kidneys, and bowels, increasing their functions—rendering it a very rational remedy for miasmatic fevers. I would be very much pleased to have some of my professional brethren test the above remedies, and report their experience. It is a subject which demands your consideration and investigation. Let us hear from our *Western Doctors*, that have dealt so much with the ague for the past few months.

Truly yours,

A. E. GOODWIN, M. D.

Rockford, Ill., Dec., 1855.

ARTICLE IV.—*Proceedings of the Annual Meeting of the Æsculapian Society, held at Charleston, November 28th and 29th, 1855.*

The Meeting was called to order by the President, Dr. T. D. Washburn.

The Secretary being absent, Dr. C. Hamilton was appointed Secretary *pro tem.*

The proceedings of the last meeting were read and adopted.

The roll of Members being called, about twenty were found in attendance.

Two of the Censors being absent, the President appointed Drs. D. W. Stormont and E. C. Banks, Censors *pro tem.*

The Censors retired to receive applications for membership.

On motion of Dr. York, ordered that the Secretary notify those members, who have been absent from the meetings of the society for the last two years, that unless they attend the next meeting, and fill the requirements of the by-laws, they will be considered as no longer members of the society.

The Censors came in and reported favorably on the application of the following gentlemen:

Drs. H. J. E. Balch, of Georgetown; J. W. Cameron, and —— Chambers of Charleston; and J. Y. Hitt, of Sullivan.

Whereupon the Society proceeded to ballot on their application and they were unanimously elected.

On motion of Dr. Banks, ordered that any member who shall divulge the name of a person who shall apply for membership, and be rejected, shall be fined in the sum of five dollars for each offence.

The reading of essays being in order, Dr. Davis, of Paris, read a lengthy and interesting essay, on the cause and treatment of epidemic dysentery, relating several cases which occured in his practice.

This essay elicited a spirited discussion, which was participated in by many of the members.

Dr. York gave an historical account of the same disease as it prevailed in and around Paris, reporting orally the treatment of several cases.

Evening Session, 7 o'clock, p. m.

Society met at the Court House, where a large assembly had collected to hear the public addresses. Dr. York, V. P., in the chair, called to order, and introduced to the audience, Dr. D. W. Stormont, who gave a very spirited and interesting address, on the subject of medical societies.

After which, the President delivered his valedictory address, which elicited the applause of the audience.

The audience was then dismissed, and the society called to order by the President.

An interesting case was reported by Dr. Richmond, the treatment of which was freely discussed.

On motion of Dr. York, the society then proceeded to the election of officers for the ensuing year.

The following gentlemen were unanimously elected to the offices attached to their respective names:

Dr. S. York	*President.*	Dr. E. C. Banks	*Censors.*
„ D. W. Stormont	*Vice President.*	„ —— Chambers	
„ C. M. Hamilton	*Secretary.*	„ John Tenbrook	
„ T. D. Washburn	*Treasurer.*	„ F. R. Payne, and C. Johnson	

On motion, adjourned to meet at the Court House to-morrow morning, at 9 o'clock, A. M.

THURSDAY, 9 O'CLOCK, A. M., NOVEMBER 29TH.

Society met as per adjournment, and was called to order by the President.

On motion of Dr. Washburn, it was ordered that the President, Vice President, and Secretary, be, and they are hereby constituted *ex-officio* a publishing committee.

On motion, the Secretary was ordered to procure such books and stationery as may be necessary for the purposes of his office.

On motion of Dr. McClure, the Secretary was directed to inform all members who are in arrears, of the amount of their indebtedness, and request immediate payment.

On motion, the society proceeded to elect delegates to the State and National Association, which resulted as follows:

Drs. S. York, E. C. Banks, John Tenbrook, and W. B. Duffield, to the National Association, with power to appoint substitutes.

Drs. James H. Steel, A. McClure, J. W. Cameron, and T.

D. Washburn, to the State Medical Society, with power also to appoint substitutes.

On motion of Dr. Davis, ordered that the next meeting of this society be held at York, on the last Wednesday in May next.

Dr. Richmond, chairman of a committee appointed at the last meeting of this society, to prepare a bill and memorial to the State Legislature, praying for an act to legalize the dissection of dead human subjects, and other purposes, made a lengthy report, which was ordered to be printed.

On motion of Dr. Mitchell, our delegates to the State Medical Society, were instructed to obtain the concurrent action of said society with ours in procuring the above action of the Legislature.

On motion of Dr. Chambers, ordered, that our delegates to the State Medical Society, be instructed to urge upon said society, the importance of taking steps to secure the passage of a Registration Law.

On motion of Dr. Banks, resolved, that this society unanimously request of Dr. Stormont, a copy of his public address for publication.

Resolved, that this society unanimously request of Dr. Washburn, a copy of his valedictory address for publication.

In conformity with the constitution, the President made the following appointments for the next meeting of the society.

Drs. Washburn and Chambers to read essays on substitutes for Quinine. Drs. Hitt and Balch to read essays on subjects of their own selection.

The following members were appointed chairmen of a committee of their own selection, and to report on the subjects annexed to their several names.

Dr.	E. C. Banks	on	Surgery.
,,	F. R. Payne	,,	Practical Medicine.
,,	—— Chambers	,,	Epidemics.
,,	John Tenbrook	,,	Midwifery.
,,	J. M. Logan	,,	Indigenous Botany.
,,	D. W. Stormont	,,	Chol. Infantum.
,,	A. W. McClure	,,	Topography of Wabash Valley.

„	D. O. McCord	„	Intermittent Fever.
„	H. W. Davis	„	Pneumonia.
„	J. S. Richmond	„	Typhoid Fever.
„	C. M. Hamilton	„	Prolapsus Uteri.

On motion of Dr. Washburn, Resolved, that the thanks of this society are tendered to the members of the profession in Charleston for their generous accommodation and kind attentions during their present session.

Resolved, that at each annual meeting this society may elect two honorary members who shall not reside within its territorial limits at the time of the election.

On motion of Dr. Washburn, Dr. —— Clippinger, of Terre Haute, Indiana, was unanimously elected an honorary member of this society.

On motion of Dr. Davis, Dr. E. Reed, of Terre Haute, was unanimously elected an honorary member of this society.

On motion of Dr. Banks, Resolved, that the thanks of this society are due to Dr. T. D. Washburn for the able and impartial manner in which he has discharged the duties of President, during the last year.

On motion, the Secretary was instructed to forward a copy of the proceedings of this meeting for publication in the N. W. Medical and Surgical Journal. Also, that he furnish a copy to the editor of the Charleston Courier, requesting the editors of the Paris and Marshall papers, Greenup Tribune, and Vincennes Gazette, and all papers desirous of promoting the interests of our society, to publish the same.

On motion, society adjourned to meet at York, Clark Co., on the last Wednesday of May next.

S. YORK, M. D., *President.*
C. M. HAMILTON, M. D., *Secretary.*

SELECTIONS.

Milk Sickness, Poison, Tires, &c. By W. H. BYFORD, M. D., of Evansville, Indiana.

All the above synonyms are used to designate a well-marked and distinct disease which prevails over a large district of the U. S. A., but which is ignored by every systematic writer on medicine that I have ever examined. Its very existence is denied by many eminent and influential men in the profession. These circumstances serve to exclude it from the approved works on the practice of medicine. Hence all young practitioners are deprived of the proper source of information on the subject. These considerations, I think, justify journalists in occasionally admitting to their pages even rigidly systematic essays upon it, for the benefit of the junior members of the profession, provided that such is the result of the experience of the authors. This preliminary will sufficiently indicate my purpose, Mr. Editor, in offering you the following paper for publication.

Very generally there is a preliminary stage, marked by obvious symptoms. Less frequently the access is sudden, and not preceded by prodromic phenomena. Under the former condition of things, we may expect a more protracted but less severe case; while from the latter circumstance, more gravity in its symptoms and effects and shortness of duration are to be apprehended. The nervous system and digestive organs are the more prominent subjects of premonitory derangement. Lassitude, muscular debility, trembling of the extremities, uncertainty and unsteadiness of gait, easily induced fatigue, shortness of breath, and palpitation of the heart, often present in the precursory stage, make up that ensemble of symptoms known by the name of tires. Connected with these symptoms, we have loss of natural appetite, craving for ardent spirits, nausea, and, upon much exertion, vomiting, sense of oppression in the epigastric region, constipation, and that general but vague uneasiness which renders the patient restless and sleepless. Sometimes, however, he is dull, stupid, and indifferent to surrounding circumstances.

After the continuance of the above symptoms for a longer or shorter time, or in cases where they are not present, in consequence of the application of some exciting cause, the disease commences to manifest itself in a decided manner, when the following state of things may be observed: urgent thirst, vomiting every few moments, with distressing nausea between times, loathing of food, burning sensation and feeling of weight or load on the stomach, and obstinate costiveness, which, when we first see the patient, has probably lasted for several days. The substance ejected from the stomach may be the ingesta merely as water or food with a little mucous, but nearly always it is colored, light green, blue, indigo, or so very dark as to seem black. Upon examination of the ejected material, it will be found composed of two parts, which separate soon after it is discharged into a transparent liquid, nearly or quite colorless, and a more solid collection of coagula (probably the mucous secretion of the stomach) floating in it. The different color of the solid portion causes the various shades of color above mentioned. The taste of this ejected substance is sour, acrid, and sometimes, in the latter stages, otherwise offensive. It generally effervesces with the sup. carb. soda. Often, in the latter stages, it is so very dark as almost precisely to resemble black vomit. The alvine discharges which take place spontaneously, are very dry, scanty, and difficult to extrude, often assuming the shape of small, hardened balls, not generally altered much in color or other properties, except in respect of moisture. The abdominal parieties are retracted and hard, and the pulsations of the abdominal aorta are visible, and perceptible to the touch from the epigastrium to its division. This phenomenon, no doubt, results from the dryness of the fæces and lack of fluid and gas in the bowels, thus rendering their contents better conductors of motion. The surface is generally dry, but not more commonly elevated in temperature, and is usually of a dingy or dirty color. The tongue is almost always coated with a white, brown or yellow layer. The pulse, in the majority of cases, early in the disease, is not much or remarkably altered, perhaps not at all. The breathing is generally more or less embarrassed by a sense of oppression or weight on the chest, interrupted and sighing. This oppression is often a prominent and distressing symptom. A peculiar fetor emanates from the lungs and mouth, which may be regarded as characteristic, and, when once observed, will be readily recognized by even a superficial observer. This smell is so remarkable, and sometimes so strong, as to be perceptible anywhere in the room, adjoining rooms, or even several yards from the house. Experienced practitioners might, in many instances, form their diagnosis before entering the house, from the peculiar odor on the premises. It is not uncommon, in bad cases, for delicate and sensitive persons to be so much affected by this oppressive and disagreeable smell, as to render them incapable of remaining at the bedside, or in the room of the patient. Its almost corrosive pungency would convince an unbiased observer, through one of the senses at least, that there was a peculiarity in it. Comparison being one of the best means of acquainting a person with an unfamiliar subject, I have sought and found one which I think will be regarded as appropriate.

It resembles, almost exactly, a strong odor of chloroform, mingled with the smell of animal secretions. Say a smell of chloroform and the breath of a patient salivated, and we would have it almost precisely. The kidneys secrete scantily, and the urine, though not altered in color or appearance, emits the same odor of the breath. The spirits are dejected, and the patient is despondent. Should no relief be afforded, and the disease continue to advance, the respiration is more embarrassed, and accompanied by a sense of sinking, or as of a void which the patient is unable to fill by the most strenuous efforts at inhalation. The irritability of the stomach increases. The ejected matter, if not dark before, now becomes very dark and scanty, having the appearance of coffee-grounds, and is thrown about without any regard to cleanliness, and with very little effort, the patient either being listless and apathetic, or employed absorbingly with the respiratory efforts. The surface becomes cold, the pulse is small, frequent, and finally fails, which often occurs several hours before death. Not unfrequently, some time before death, while the pulse is small, frequent and weak, the respiration is slow and irregular, to such a degree as to lead the bystander to believe that it is entirely suspended; coma supervenes, which gradually deepens into death. Again, in some cases, after the lapse of several days or a week from the commencement, the bowels either act spontaneously, or having been moved by cathartic medicine, become swollen, tympanitic, irritable, and painful, the discharges are watery, with mucous floculi floating in them, tinged with blood, or scybalous and fœtid. The tongue is dry, red and chapped, or coated with a dark, dry fur, teeth covered with sordes, the fauces dry, red, stiff and sore, deglutition difficult, regurgitating emesis of the dark fluid above described, dorsal decubitus, with knees drawn up, retained urine, (often,) coma, small, frequent and weak pulse, hot abdomen, and cool or cold extremities. The inferior maxillary falls, the eyes become suffused with mucous and tears, and injected, and death, after a period varying from several hours to several days, gradually steals upon the patient. If, however, the case is to terminate favorably, after a few copious alvine discharges, the burning sensation at the stomach with the nausea becomes less, the vomiting gradually subsides, muscular debility becomes less, the tongue cleans off, the patient experiences a returning but capricious appetite, desiring apparently the most inappropriate diet. The smell of the room is more tolerable, and a protracted convalescence ensues, attended, unless carefully guarded, with many of the symptoms detailed as sometimes promonitory, and not unfrequently their chronic continuance encourages the popular opinion that it never can be entirely eradicated from the system. Occasionally, though not usually, in slight cases, the convalescence is more rapid and complete in a few days, leaving the patient in the enjoyment of good health.

The above is a description of what may be called the simple variety, in contradistinction to two other forms which it sometimes assumes. It is by far the most common met with in this vicinity at the present time. The two varieties alluded to may be termed, according to the nomenclature in vogue, congestive and inflammatory, according as the attending phenomena indicate the presence of either of these general conditions of the system. The congestive variety is very rapid in its progress, and among the most fatal diseases, equalling, in mortality, (according to the number of cases,) the most fearful varieties of congestive miasmatic fevers of the same regions. This is probably the character which the disease more commonly assumed in the earlier periods of this country's history, as it was then considered the most surely fatal of diseases, in which death usually ensued in a very few days. After suffering from the premonitory symptoms some time, or, otherwise, violent vomiting and incessant retching, a sense of impending suffocation, extreme anxiety, insatiable thirst for water, and often for alcoholic liquors, coldness of the extremities, a profuse, watery perspiration, small, weak and frequent pulse, a glassy appearance of the eyes, great prostration of strength, restlessness, jactitation, suppressed urine, and a wandering condition of the intellect, soon convince us of the great danger of our patient. And the peculiar smell, the condition and appearance of the abdomen and bowels, the almost insatiable thirst for alcohol, and other characteristic symptoms, plainly indicate to the experienced the true nature of the disease. Often this catalogue of symptoms continues without much change, except in intensity, for from twelve hours to two or three days, when, if relief is not afforded, death closes the scene. In other instances, and they are not unfrequent, coma supervenes upon these symptoms, or without much coldness or change in the pulse, and continues to the end. This form of the disease has never, in my experience, presented itself in any other class of patients than the enfeebled or old and decrepid, or supervened upon the simple form; but I am informed, by reliable and intelligent practitioners, that it is not so restricted where the poison is more violent and concentrated—that even the most robust succumb to this array of symptoms in a very short time.

The inflammatory is midway, in respect to fatality, between the two already described, and although more frequent than the congestive, is fortunately not so common as the simple. The distinctive symptoms are, high arterial excitement, severe headache, heat of the surface, flushed face, sometimes delirium of an active character. Often there is tenderness on pressure over the stomach and bowels. The pulse is full, hard, and somewhat quickened, ranging as high as 100 to 110 in the minute. Otherwise, the symptoms do not differ from the simple kind. Here we have much reason to fear the existence or supervention of active inflammation in the stomach and bowels. Besides these forms, it may be complicated with any of the endemic or epidemic diseases of the country in which it prevails, and not unfrequently in the debility consequent to or attendant upon the progress of these maladies, it finds an efficient exciting cause.

It would be obviously unnecessary to draw a differential diagnosis in which to pass in review all the diseases which in the least resemble it. The flatness and pulsation of the abdomen, obstinate costiveness, dry condition of the fæces, vomiting the peculiar substance described, oppressed respiration, and, above all, the unmistakable and unique odor of the breath and everything about the room of the patient—perhaps I might add, also, the often unbecoming and indelicate yet urgent thirst for ardent spirits—form a picture that is hard to match by either any whole or parcels of disease. It is a matter of no small difficulty to speak with accuracy of the anatomical appearances of this disease, as the prejudices of the people in new countries prohibit, in most instances, (where it is most prevalent,) post mortem examinations. Dr. Trafton, who has examined several cases, says that he has found superficial inflammation of the mucous membrane of the stomach, with a rigid contraction, amounting to closure of the pyloric orifice, a dry condition of the fæcal contents of the bowels, and almost complete absence of gas. The fæces are generally so dry that they are unusually hard, and seem to contain no fluid. No appearances of disease elsewhere, worthy of note, were observed. In examining animals that die of this disease, the half-digested food in the stomach is found formed into hard, round balls, often, by the peristalic action of that organ, of various sizes; and the fæces in the large bowels are so dry as that they readily crumble into powder upon the application of slight force. Some observers have found—in the congestive form, I suppose—obvious injection of the membranes and substance of the spinal cord, brain, and sometimes effusion of serum, and even blood. These appearances readily account for the additional symptoms presented in this variety of cases. The inflammatory form we would expect to present evidences of inflammation in the different viscera to which the symptoms pointed during life. But I have no reports from which I can adduce demonstration. Instances, no doubt, occur in the simple variety, after a protracted duration, which would exhibit post mortem appearances of treatment as well as the disease. And I make this observation, not as a censure or criticism upon any course of management; for in no other disease, so frequently encountered and cured in this country, is there so little harmony among medical men, as to the nature of the disease or its proper curative requisites. And here I may venture the remark, that, often, enough allowance is not made in examining subjects, dead of idiopathic diseases in general, for the local appearances induced by extraneous agents. Probably, too, disputes have arisen among eminent medical men as to their nature, from a want of such considerations. The prognosis of simple cases, if properly treated, may be almost always favorable, and they often get well without much treatment, and occasionally in spite of improper management. A strong asthenic tendency or inflammation of the bowels, manifested by tympanites and soreness, with mucous and fœtid dejections, augur badly. In the congestive form, the patient is imminently dangerous, and our prognosis should always be unfavorable, owing to the degree of congestion. But the worst cases may often be cured by active and appropriate interference early in the disease.

In approaching the etiology of milk-sickness, I am aware that I encounter a perplexing question. Hypothetical facts, in countless numbers of causative agencies, have been presented, yet all are unsatisfactory. Vegetable, mineral, and miasmatic etiological phantoms have been marshalled to support the favorite hypothesis of different speculators, and have vanished before scrutiny as suddenly as their legendary representatives before the light of day. But much that is profitable of the circumstances under which it is observed to prevail, is known. Certain localities are known to be more prolific of its propagating poison than others. Their physical characteristics are not peculiar. It is in hills, valleys and ravines, on bottom land and the "flats," as they are called. Its localities may be clothed with timber, underbrush and herbage of every description common in the West and South. To give the northern, southern, eastern or western boundary of the district in which it prevails and has prevailed, would be impossible with the data in my possession. The virgin soil, in its own contents or spontaneous productions, is the fountain of the poison, and, with slight exceptions, perhaps the whole West and South-West contain sections of greater or less extent which have produced the disease during some time in their redemption from their forest condition. The autumnal period of the year is by far the most productive, although it may occur, in a more limited degree, during any season of the year. For the most part, like miasmatic fever, it disappears upon the accession of severe frosts. Its prevalence is favored by dry weather, a dry fall being much more favorable to it than any other. That man is sometimes the original recipient of the poison, there can be many cases brought forward to prove, without violating the latitude of propriety generally given in observations of the kind. It is freely admitted, at the same time, that a large majority of patients receive it from poisoned animal food, as beef, mutton, butter, &c. Indeed, it has been so common, and the people are so well aware that milk may impart the disease, that it has been named milk-sickness by almost universal consent. Whatever this poison may be, some of its effects resemble very closely the phenomena produced by the recognized animal poisons, in some respects at least. One of these is, that it undergoes multiplication in the system. From a small amount received, it may be through the stomach or lungs, it so far increases as to make every part of the system through which it circulates so virulently poisonous that very small portions eaten set up the same action in another animal, and so the process probably might be carried on *ad infinitum*. The calf that takes it from the milk of its mother, by its flesh may impart it to man. Or, as is frequently observed to be the case, a dog may receive it from the calf and impart it to the buzzard that eats his flesh, and the latter, unable to rise, dies on the ground. The skinning of cattle dead from this disease, often imparts to the person performing this operation, by the effluvia emanating from the exposed body, the most virulent form of the disease. Is there any vegetable or mineral poison which, after having gained admittance into the system in sufficient quantities to produce death in the victim, imparts so much of its own substance to a small handful of the flesh, or insinuates itself so universally and copiously into every drop of the fluids, as to cause death by the ingestion of the former or the inhalation of a small snuff of the latter, while emanating in imperceptible vapor from the denuded animal, to awaken a destructive action in a healthy one similar to the disease of which it had died? If so, what can it be? Certainly, nothing with the modus operandi of which we are acquainted. The length of time that the poison remains in the system, without starting the train of morbid action, will vary, from several circumstances, viz: the intensity of its power, or the quantity of it; the capacity of the system to resist disease; and absence of any exciting cause. When sufficiently intense, there is no doubt that it immediately overcomes the power of resistance of the system, and the disease is awakened suddenly into existence. This is more likely to be the case in persons previously debilitated by other diseases, exposure, or scanty living. Sometimes, however, such is the case with the robust. More frequently, a considerable time elapses before it breaks forth actively. Lactation seems to exercise a protective power, probably by eliminating the poison through the secretion. Quietude of body and of mind is also favorable to resistance. One of the most effectual exciting causes is fatigue produced by exercise to lassitude. This is so well understood by the people, that they often test the soundness of their animals by chasing them until they are fatigued, when, if the poison is lurking in their system, they will easily tire, tremble, and fall, or lie down. Fatiguing exercise produces the same effect upon man. Excesses in the use of ardent spirits is a powerful source of evil in individuals exposed to the action of the poison. Gluttony, or eating diet of difficult digestion, the debilitating passions, protracted exposure to the heat of the sun, awaken the disease in persons predisposed.

What is the nature of this disease? Some of the learned of our profession doubt the existence of it as a distinct affection, and merge it into some of the already recognized and described maladies. Some describe it as gastritis; some cerebro-spinal meningites; others regard it as bilious vomiting, or miasmatic fever, &c. It is a matter of astonishment to all who are practically acquainted with it, that their opinion should be questioned, their intelligence and judgment called to account, when they pronounce it a disease *sui generis*, and that, too, not upon correct theoretical grounds, but upon the presumption of closet critics, who have never seen it. It is also as astonishing as it is detrimental to the interests of the medical profession, particularly in the West, that a good and reliable section on this disease cannot be found in any of the deservedly popular text books. Indeed, the young practitioner, here and elsewhere, where it prevails, must learn all he knows of it from his neighbors—from the people themselves; and this, too, upon a very frequent disease. It is to be hoped that the prejudices of authors will not long thus deprive us of so valuable a part of their books, if they desire them to be read and approved by a large and respectable portion of the profession. It is regarded as a real, *bona fide* disease, and not a creation of the brain, by a large majority of the physicians in whose midst it prevails, and it is unfair not to listen to their testimony, and, if possible, supply their wants. I think I represent the general opinion of medical men of intelligence where it prevails, in saying it is a blood disease—that it pervades, through this fluid, the whole system, and that local inflammations and congestions are not essential accompaniments, and occur, as the effects of the long continuance of irritation, as of the stomach or the separate but contemporaneous action of their own causes. Is there any disease but a blood disease that emits a peculiar odor? We talk of the smell of typhus and small-pox, but we do not think of experiencing any peculiar odor in pneumonia or gastritis. This distinction is so well understood, that we expect an idiopathic fever instead of inflammation, when we detect an unusual smell about the patient which cannot be accounted for in any other way than by exhalation from his person. Individuals, who have paid any attention to the smell of blood in a dissecting room, will readily discover a difference in the odor of cholera and fever patients, from those who die of inflammations.

With respect to treatment, experience proves that in the simple form the all-important indication is to open the bowels and keep them in a soluble condition throughout the management of the case. Upon the early fulfilment of this indication, success depends. This irritability of the stomach is a seriously embarrassing circumstance, and should, as far as possible, be removed. Too much time and attention must not be devoted, however, to this symptom, for at first our attempt will generally prove abortive, and we should remember that it ceases, for the most part, spontaneously, so soon as free alvine evacuations are procured. The most that is deemed advisable in the commencement, is the application of sinapisms to the epigastrum, and the administration of pellets of ice to allay the burning sensation of the stomach. We should not hesitate to begin, without waiting for any decided effect from remedies to allay vomiting, the administration of, and frequently repeat, purgatives until they operate. A Seidlitz powder, with a double proportion of salts, every hour, is an agreeable as well as effectual agent for this purpose. Or, one drachm each of cream tart. and white sugar, in two ounces of infusion of Senna, given as frequently. Compound powder of jalap may also be used in teaspoonful doses every hour, in syrup. Rochelle and epsom salts, &c., are quite available in many instances.

Probably a part of each dose of any of these medicines will be retained, although vomiting continues. The quiescent condition of the stomach, immediately succeeding the act of vomiting, is the best time to give the medicine. By persevering in giving the medicine, notwithstanding the rejection of the most of it, changing from one of the above mentioned articles to another as the patient becomes tired of any one of them, we may, generally, in the course of twenty-four hours—sometimes sooner, sometimes a little later—procure free purgation of fluid fæces, when our patient will be much relieved. Conjointly with the administration of medicines per orem, we may introduce them per anum. After we have made some peristaltic impression on the bowels, and not before, I think, will it be worth while to trouble the patient with injections. Judging from my own experience, we need not commence them in less than twelve or eighteen hours after we begin with the cathartics. Much the most effectual way of using them is to pump through a tube a large quantity of warm water high up in the colon; say from a half to a gallon at a time, with epsom salts dissolved in it, or oil floating on it. One of these injections, well-timed, will shorten the duration of suffering many hours, in the most of cases. It will be seen that the purgatives recommended are hydrogogues, such as induce serious infusion from the intestinal tube. This, I think, is a subject of no small importance, as they operate with more facility, and relieve by furnishing the fluid in which to suspend the dry, hardened fæces, and thus provide for their easy expulsion.

Many practitioners rely on the salts of opium to allay the irritation of the stomach before they commence the purgative plan. But, although I have used them, I do not now—and, when I did, have in every instance regretted having done so—from the fact that they have failed to have the effect, in the most of cases, and always rendered the bowels difficult to move. Yielding to the appetite for strong drink, some practitioners—among whom I may mention my friend Dr. DeBruler, for whose opinion I have the greatest respect—allow whisky, wine, or brandy, *ad libitum*, at the same time they give the saline cathartics; epsom salts and whisky being, as they say, all that are necessary to the cure. Others rely upon large and frequently repeated doses of calomel, because less easily rejected from the stomach, while it effectually operates upon the bowels.

But the bad effects of a protracted salivation, which I have seen follow this plan, and sometimes even worse effects, have deterred me from using this mineral with such freedom. An ingenious and (according to Dr. Bacon, its originator) highly efficacious method of treating the early stages of this disease, is to administer large boluses of blue mass—so large that they cannot be ejected on account of the weight and size. One every half hour or every hour until free discharges are procured. And if there is more than ordinary delay in their action, the Doctor punches a hole in the centre of the boluses, introduces a drop of croton oil. Dr. B. tells me he does not fail to get free evacuations in less than twenty-four hours by this plan. Antacids, though apparently indicated, are of little use until after evacuations have been produced, when they are grateful, and help relieve the burning in the stomach. In the subsequent management, the bowels he kept free by medicines which produce thick and consistent operations. A pill, of equal parts of rhubarb, aloes, and capsicum, is one that answers the purpose very well. If the liver should fail to act with the bowels, a little blue mass is all that I have found necessary. It is often the case that the stomach does not regain its vigor for some time, and will need some aid from the bitter infusions, quinine or some of the ferruginous preparations. Ordinarily, the above treatment will be sufficient to conduct the patient through a simple attack to a speedy recovery. But, in grave cases, and where they have not been treated early, it is often otherwise. When the bowels begin to move, although the stomach is somewhat relieved, the distress in a great measure continues, there is tenderness on pressure over the epigastric region, and inflammation as the result of intense or protracted irritation. Under these circumstances, mucilaginous drinks, cooled with ice-water, and a blister over the stomach, will assist very much in the case. It is always best in these cases, as far as practicable, to keep the bowels open by injections, instead of using cathartics by the mouth. In another set of cases there is great debility, indicating the use of stimulants. The carb. of ammonia will often give great relief; but egg-nog, brandy, and sul. ether often become necessary, and should be freely used with animal broth, &c. We may support the circulation, too, by blisters to the extremities, when these are cold. In the inflammatory form, while attending to the treatment essential to the simple form, it will also be necessary to take blood to an extent sufficient to subdue arterial reaction or inflammatory complications, being guided by the general principles governing this condition in other circumstances, strong pulse, heat of the surface, &c. Much activity and energy and treatment are the only conditions of success in the congestive form.

Injections into the bowels, of warm water, and, in the more algid and prostrate cases, brandy and turpentine should be added. To injections into the colon of the size and character above mentioned, put two ounces of the oil of turpentine and the same quantity of brandy. At the same time, friction of hot oil of turpentine to the extremities, or large sinapisms, if the coldness and prostration be great, may be applied so as almost to cover up the legs and arms with them. If these are not at hand, or in conjunction with them, hot bottles of water, the steam bath, hot bricks, or irons, applied all around the limbs and body of the patient, will aid materially in giving energy to the almost overwhelmed functions. Internally, it will be well to make warm whisky or brandy toddy the vehicle for the administration f the purgative medicines so necessary in the treatment. Should we succeed in bringing about re-action, and reducing, by external and internal stimulants, the case to either the simple or inflammatory form, the treatment must be conducted in the manner described above, It is not uncommon, in cases of this kind, for the head, chest and abdomen all to be preternaturally warm, while the extremities are cold. In such, internal stimulants are not well borne. The external, however, may be used as above directed, while cold water and ice will advantageously succor us, when applied to the trunk and head. As palliatives during the progress of disease, soda, lime water, chalk, &c., when they can be used without interfering with the more necessrry remedies, will be very agreeable. Yeast is also said to be very grateful to the patient, and useful in allaying vomiting. This was a favorite remedy with the late Dr. Trafton, of this place, who attributed effective curative virtues to it. It is but a just tribute to the memory of the late Dr. Wm. Trafton, to say that more is due to him for the successful management of mik-sickness, than any other man in this part of our State.—*Nashville Journal of Medicine.*

BOOK NOTICES.

An Introduction to Practical Pharmacy: Designed as a Text-Book for the Student, and as a guide to the Physician and Pharmaceutist, with many Formulas and Prescriptions. By **Edward Parrish**, graduate in Pharmacy, &c., &c.; with two hundred and forty-three illustrations. Philadelphia: Blanchard & Lea.

We are glad to receive this excellent work. It will supply a want long felt by the profession, and especially by the student of Pharmacy. A large majority of physicians are obliged to compound their own medicines, and to them a work of this kind is almost indispensible.

The volume is divided into parts, the contents of which will be understood from the following extract from the preface:

"In part I. are grouped several chapters of a preliminary character, among which, metrology, including weights and measures, and specific gravity, holds a prominent place; it is treated with an effort at simplicity, which should attract the student to its careful study.

Galenical Pharmacy occupies Part II.; the mode of preparing each of the various classes of permanent vegetable preparations prefaces a tabular statement of the relative strength, doses, and relative properties of the individual members.

This compact form of displaying the leading facts of the subject will be observed as a conspicuous feature of the work, and is designed to adapt it particularly to the use of the student. For making the officinal preparations, distinct and definite formulas are omitted, being given in the *Pharmacopœia*, which, as now published in a cheap form, it is presumed every physician and apothecary will possess and use. Unofficinal preparations are treated of more in detail, and hence occupy relatively a larger space. The order in which the preparations are introduced, is that which experience in the 'School of Practical Pharmacy' has indicated as best for the student; those most easily prepared are first treated of, and by gradations the more complex are brought forward; the whole arrangement of Galenical preparations being thus founded primarily upon the several processes of pulverization, solution, maceration, displacement, evaporation, and distillation, and secondarily upon the menstrua used in making them, their medical properties and uses.

Part III. is devoted to the classification of plants, giving in extensive syllabi almost all the leading articles of the materia medica, arranged on the basis of chemical composition.

The vague and uncertain analysis of many plants, and parts of plants, and our ignorance in regard to the real composition of many of their active principles, takes from this part of the work much of the value it would otherwise possess. Advantage is taken of these headings to introduce a variety of secondary organic products of great interest and importance, among which are the entire class of vegetable acids and alkaloids.

In part IV. the essential facts in regard to the inorganic medicines are briefly stated, and shown also in syllabi.

Part V. contains practical directions for prescribing, selecting, combining and dispensing medicines, illustrated by a considerable number of formulas or prescriptions variously written in Latih and English, abbreviated and unabbreviated. The attention of physicians is asked to this part of the work as showing many of the best modes of prescribing many of the more important drugs; it will be observed that in the selection of prescriptions for publication in this connection, I have availed myself of the skill of numerous practitioners of medicine, some of whom are well known, besides introducing many standard extemporaneous preparations which the physician often finds occasion to prescribe, and the pharmaceutist to prepare and dispense.

The work is certainly a very valuable addition to our professional literature, and we commend it to the favorable consideration of both physicians and students.

For sale by Keen & Lee. J.

Clinical Lectures on Surgery: By M. Nelaton, from notes taken by Walter F. Atlee, M. D. Philadelphia: J. B. Lippincott & Co., 1855.

As an exponent of the practice of M. Nelaton, this work will be read with interest by the Profession in this country. The notes were taken during the years 1851–52–53–54—and may be regarded as a fair expose of Prisian surgery, at least so far as it goes.

We have marked a few passages. M. Nelaton treats fractures of the patella by applying bandages soaked in plaster, taking care that the parts are previously in apposition, and retaining them there by pressure till the plaster hardens. In a case reported, bony union was believed to have taken place.

In a case of ununited fracture of the humerus, of four years standing, we find the following remarks of M. Nelaton, together with his treatment and its results:

" A great number of means have been proposed for the purpose of curing false joints. Here, it was plain that the simple application of an apparatus to keep the parts at rest would not be sufficient. The ancient method, employed by Celsus, was to rub the fragments roughly, one against the other; but this is very little used, and it might be asked whether the cure would not have taken place just as well without it. The seton, passed at the seat of the fracture, is a method against which a great deal has been said. There is, however, no comparison to be made between the dangers of its employment in one limb, with those of another; in the femur, for instance, it is very dangerous. Here the conditions were simple, and it could be done very easily. In case that it was found that the seton could not be passed between the fragments, it would be necessary to pass two of them, one on each side.

The seton was passed, without difficulty, between the two extremities of the bone, at the seat of fracture. Desirous of exciting a good deal of inflammation, the next day a larger seton was drawn in, and the same thing was repeated the day after. A good deal of pain, and considerable inflammation, followed their introduction. The seton was allowed to remain for two weeks, and being then withdrawn, the arm was placed in an apparatus to keep it perfectly at rest.

The man did not remain a sufficient time in the wards to complete his cure there; but I have been assured that the parts became perfectly consolidated."

We make the following extract, giving the history of the treatment of a case of ranula:

"November, 1852. A man, about forty years of age, entered the wards for ranula. The history of the treatment he had already undergone was given, in order to show the difficulty there sometimes is in treating these tumors. In the summer of 1849, he went to M. Jobert, on account of a tumor situated under the tongue; they were about to operate upon him, when the tumor opened of itself. In the month of October, the tumor had returned, and M. Boyer, at the Hotel Dieu, cut it out. Early in 1850, the swelling under the tongue, had again returned, and he went a second time to M. Boyer, who again excised it; this time the operation was upon the left side, at the other, it was upon the right. In October of the same year, it had again returned, and M. Boyer made, this time, two punctures into it, one under the tongue, and the other externally under the jaw, for the tumor commenced to show itself there. These punctures only relieved him for a short time, and in January, 1851, he went to M. Thierroy, who passed a leaden wire into he tumor, under the jaw, and left it in that place for eight days; this produced nothing satisfactory. In November, the same surgeon placed a seton in the interior of the mouth, and afterward he made a third operation, in which a seton was passed inside of the mouth, through the tumor, and made to come out under the jaw. This last operation was followed by great inflammation, and M. Thierry being sick, M. Velpeau attended to the case; he made an incision two inches in length, into the large swelling, and the patient was relieved. M. Thierry afterward applied the instrument of Dupuytren, which resembles a shirt-button with a canal through the ,center. This history shows how much had been done to cure one of these tumors, and how it persisted in spite of all.

In order to cure the patient, the whole of the sac, the buccal and the submaxillary portions, would have to be obliterated. For this purpose, injections of iodine would be made use of. The membrane lining the whole of the interior of the cyst being lined by a thick viscous liquid, it must be thoroughly washed, without which the injection of iodine does not come in contact with the parts upon which it is to act.

The puncture was made with a bistoury, and, after washing the sac clean of its viscous contents, the injection was made. At the end of twenty-four hours, the tumor was reproduced ; it had the same volume as before, was a little harder, and painful to the touch. Nothing more was done ; things were allowed to have their course. On the fifth day, a commencement of absorption was evident in the swelling, which went on more rapidly than is usual after such injections, and the patient finally left, cured of his affection."

We have not space for further extracts. The Notes are concise, but sufficiently full to give us a clear and distinct idea of the cases and their tretament.

For sale by S. C. Griggs & Co. J.

A Dictionary of Terms used in Medical and the Collateral Sciences: by Richard D. Hoblyn, A. M., Oxn. A new American, from the last London, edition—revised, with numerous additions, by Isaac Hays, M. D., Editor of the American Journal of the Medical Sciences. Philadelphia: Blanchard & Lea, 1855.

This is a convenient little work for reference, and will, we have no doubt, continue to be a favorite with both the student and physician. Dr. Hays has adapted it to the present condition of Medical Science, by the incorporation of all those terms which have recently been brought into use.

For sale by Keen & Lee. J.

The Obsteteric Memoirs and Contributions of James G. Simpson, M. D., F. R. S., Prof. of Midwifery in the University of Edinburgh. Edited by W. D. PRIESTLY, M. D., Edinburgh, formerly Vice President of the Parisian Medical Society; and HORATIO R. STORER, M. D., Boston, U. S., one of the Physicians to the Boston Lying-in Hospital, &c. Vol. I. Philadelphia: J. B. Lippincott & Co., 1855.

It is unnecessary for us to say one word in commendation of this collection of Dr. Simpson's Essays. His name is indisolubly connected with the department of medicine to which he has devoted his life. His admirers in this country—and their name is legion—will be glad to have an opportunity of becoming still better acquainted with him, through this volume.

Dr. Storer, the American Editor, has long been intimately acquainted with the author, and is, perhaps, the most suitable person that could have been selected, on this side of the Atlantic, for the execution of the task assigned him.

For sale by S. C. Griggs & Co. J.

Physiological Chemistry: by Prof. C. G. LEHMANN. Translated from the second edition by GEORGE E. DAY, M. D., F. R. S., &c., &c. Edited by R. E. ROGERS, M. D., Prof. of Chemistry in the Medical Department of the University of Pennsylvania, with illustrations selected from Funke's Atlas of Physiological Chemistry, and an appendix of Plates. Complete in two volumes. Philadelphia: Blanchard & Lea, 1855.

This translation appeared in England, under the auspices of the "Cavendish Society." This alone is a guaranty of the value of the work. The author, however, is already well known to the American professional public. His contributions to physiology, are incorporated into all our text-books. We had intended to give our readers a synopsis of some of the more important portions of the work, but we cannot find room, and we yield to this necessity the more cheerfully from the conviction which we feel, that every one interested in physiological science, will possess the work for himself.

For sale by D. B. Cooke & Co. J.

EDITORIAL.

Cook County Medical Society.

The regular monthly meeting of this society was held on the first Wednesday evening in the month, and was well attended. In addition to other matters of interest which were presented during the evening, Dr. H. A. Johnson reported the following case:

Mr. B. . . aged about 50 years, had been subjected for a considerable time to symptoms of indigestion, and in the early part of last summer, the attention of his physician, Dr. W. B. Herrick, was directed to the secretion of the kidneys. On examination, it was found that he made a *larger* quantity of urine than natural; that it was of low specific gravity, and contained considerable albumen. During the months of September and October, the Urine became much diminished in quantity, but it still contained albumen, and the symptoms of indigestion were much increased, accompanied by frequent vomiting, and often distressing palpitations of the heart.

The vomiting did not always depend on the taking of food or drink, but would recur without either, the matter ejected being chiefly a watery or serous fluid. All these symptoms continued without abatement, coupled with much nervous excitability, until sometime in the month of November, when the vomiting ceased and was speedily followed by delirium and spasmodic action in the muscles of voluntary motion. The delirium was accompanied by so much nervous excitement and disturbance of the heart's action, that a dose of morphine was administered, which lessened the excitement and produced some sleep. The bowels were then freely moved by cathartic medicine, but symptoms of coma began to be exhibited, together with decided spasmodic action in the muscles of the lower extremities. This spasmodic action extended regularly from below upward, until it involved nearly the whole muscular system, and presented the appearance of general convulsions.

The patient soon became entirely comatose, and died. The *post mortem* examination revealed no morbid appearance of importance, except in the kidneys. These were larger and more flabby than natural; color externally paler, and mottled; the capsules were softened and easily detached from the bodies; and the latter, when laid open, presented a well marked granular appearance, with a few points of pus in the cortical part.

As points of special interest connected with this case, Dr. Johnson called the attention of the Society to the connection between the diminished secretion of urine, during the latter part of summer and autumn, and the daily vomiting; the sudden supervention of delirium on the cessation of the vomiting, in November, ending in coma; and the severe spasmodic action of the muscular system, commencing in the lower extremities and extending upward over the trunk and superior extremities by a regular progressive advancement. It has long been supposed that when the pathological condition of the kidneys is such that they fail to secrete urea, the latter being retained in the blood, is capable of exciting that grade of irritation in the mucous membranes of the stomach and bowels, which results not only in diarrhœa or vomiting, but also in the elimination of itself with the fluid evacuated, sometimes unchanged and at others in the form of ammonia. It is when the mucous membrane fails to perform this vicarious office, that the urea is retained in the blood in sufficient quantities to affect the brain, inducing convulsions or coma, or both. Dr. Johnson stated that some of the fluid ejected from the stomach, while the vomiting was frequent and troublesome, was retained for analysis. It emitted an ammonial odor and re-action, but the length of time which had elapsed before the examination was made, rendered it doubtful whether the presence of ammonia was not due to decomposion after having been ejected from the stomach.

In answer to questions from other members of the Society, Dr. Johnson stated that he did not consider the presence of albumen in the urine, as sufficient, of itself, to justify the conclusion that the kidneys had undergone that granular degeneration which has been styled *albumanura*, or Bright's disease. But when, in addition to the presence of more or less albumen, the microscope reveals the presence also of *fat* granules and epithelial cells, there can be little or no room for doubt in regard to the diagnosis.

Dr. S. N. Davis, related a case, then existing in the Mercy Hospital, which strikingly illustrated the effects of retention of urea and other elements of urine, on the mucous membranes of the alimentary canal and the brain. The patient was a native of Ireland, aged about 50 years; and when brought to the Hospital, two months since, presented all the symptoms of anemia, coupled with extensive dropsical effusions into the cellular tissue of the lower extremities and lower part of the trunk, and also moderately into the abdominal cavity. His pulse was small—100 per minute, and soft; surface of the tongue red, clean, and fissured; a sense of burning or heat in the abdomen, increased by food or drink; vomiting occasionally, and from three to six thin serous evacuations from the bowels every day, sometimes accompanied by griping and tenesmus. The quantity of urine secreted was very small, not exceeding two or three ounces in the twenty-four hours, pale and nearly odorless. On subjecting it to the action of heat and nitric acid, the albuminous precipitate was so copious as to render the whole mass solid. According to the representations of the patient, he had been attacked with fever, in St. Louis, about two months previous, from which he had only partially recovered, when he began to feel an unusual pain in the region of the kidneys, speedily followed by scantiness of urine and the commencement of dropsical effusions into the cellular tissues of the lower extremities and abdomen. In eight or ten days after the first appearance of dropsical swellings, the serous diarrhœa commenced, which has continued, with only brief intervals, until the present time. The patient has now been in the Hospital two months, and it has uniformly happened, that whenever the discharges from the bowels were suppressed for twenty-four hours, he first became very restless, and then manifiested signs of approaching coma. About four weeks since, the skin on the back part of the legs and thighs became first inflamed, and then excoriated; and from these began to flow considerable of the water effused into the cellular tissue. In one week nearly all the water effused into the cellular tissue of the trunk and extremities, had passed off through these excoriated surfaces. But no improvement took place in the secretory action of the kidneys—during some days the quantity of urine discharged being less than a single fluid ounce. In this case, the uniformity with which the brain and nervous system became disturbed, when the diarrhœa was checked, together with the exceedingly small quantity of urine which has been secreted during several successive weeks, leaves no doubt but that the action of the mucous membrane of the intestines, constitutes a substitute, in some degree at least, for that of the kidneys. If this view is correct, it is evident that no attempt should be made by the physician to arrest the diarrhœa, without first securing the establishment of a more copious and healthy secretion of urine.

The foregoing cases led to an interesting discussion, in which most of the members present participated more or less; but of their remarks we have not sufficient notes to make a reliable report.

History of the American Medical Association. — Several months since, our Colleague, Prof. Johnson, briefly noticed the volume, the title to which is given below.—Lest some of our readers might suppose his notice was influenced by personal favor, we copy the following from the January number of the *American Journal of Medical Sciences*, over the initials of Dr. D. Francis Condie, of Philadelphia. Copies may be had by applying at the Publication Office of this Journal:—

"*History of the American Medical Association from its Organization up to January*, 1855. By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine, and Clinical Medicine in Rush Medical College, etc. etc. etc. *To which is appended Biographical Notices, with Portraits of the Presidents of the Association, and of the Author.* Edited by S. W. BUTLER, M.D. 8vo. pp. 191. Philadelphia: Lippincott, Grambo & Co., 1855.

"Whether the American Medical Association is destined to be a permanent institution, that, after having by perseverance accomplished the primary objects of its organization, shall continue a bond of union and of strength, for the protection of the rights and the furtherance of the interests of the medical profession throughout the United States—increasing in dignity, influence, and efficiency with each year that is added to its age, or whether from some unforeseen and unanticipated cause it shall, sooner or later, cease to exist, still must its organization and its doings ever form prominent and most interesting items in the history of our profession in this country.

"Long or short lived as the Association may be, it has already given a proper direction to many of the things that most deeply affect the prosperity of our profession, and has made upon it, throughout, an impression, the salutary influence of which cannot be easily or speedily counteracted.

"It is true that, in its attempts to work out the problem of reform in medical education, it has been encountered by contending and discordant interests, which it has not yet been able to conciliate; and yet, even in this department of its operations, facts incontestably prove that its efforts have not been without a beneficial result—far short, unquestionably, of what was anticipated from them, in the outset, but still sufficient to create the hope that, by steady perseverance, the Association may ultimately succeed in the entire accomplishment of all its plans of reform.

"Look upon it in whatever light we may—as an experiment destined to end in a total failure, or as an organization the operations of which have been so far beneficial, and are destined to become still more so in the future, the history of the American Medical Association is, and always will be, a subject of deep interest to the American physician, and we are therefore pleased that Dr. Davis, whose name is identified with the Association from its orign—has undertaken the task of recording its history, which he has accomplished with great ability and perfect impartiality.

"As the work of Dr. Davis has doubtless found its way, before this, into the hands of the major portion of our readers, it is unneccessary for us to enter into an examination of its contents. The author presents a plain, unvarnished narrative of the causes which led to the organization of the Association, and of its proceedings—the subjects discussed, the plans digested, and the recommendations and suggestions adopted, at its several sessions, from the preliminary meeting in 1846, to that of May, 1854, inclusive. In an appendix, short biographical notices are given of the eight gentlemen who have served as Presidents of the Association, and of its historian.

"We would say to those who have not yet become possessed of the work before us, to do so without delay, and give to it a careful perusal; for we are desirous that every medical man in the country should become acquainted with the character and doings of the Association, as we would wish to enlist every one on its behalf, as well for the general benefit of the profession at large, as for that of each of its members individually, and we know of no more certain means of effecting this than by promoting the circulation of Dr. Davis's history. D. F. C."

Statistics of Mortality in Different Countries.—According to the reports from European countries, and the United States' census returns for 1850, the ratio of mortality in the several countries may be stated as follows:

England,	deaths,	2.2	per cent.	per annum.
France,	"	2.4	"	"
Prussia,	"	2.7	"	"
Austria,	"	3.1	"	"
Russia,	"	3.5	"	"
U. States,	"	1.4	"	"

The foregoing figures, which make the mortality of the United States compare so favorably with that of the different countries of Europe, are taken from a well written article in the New York *Herald.* The ratio for this country is deduced from the census of 1850, and by no means corresponds with the facts developed in the following extract of an address by Dr. Hubbard, of Connecticut, which we copy from the Buffalo Medical Journal, viz:

"The Registration law, now in operation in this State, is in the main excellent; and, if universally complied with, would develop a mass of valuable facts which could not fail of exerting a great and lasting influence on our prosperity.

"It is intended to accomplish two great objects:

"FIRST. *To preserve the name, and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community.*

"SECOND. *To determine how health, life, and longevity are affected by age, sex, condition, and occupation; by climate, season, and place of residence; and by the diseases to which, under any circumstances, man may be subject.*

"To accomplish the first object, certificates of birth should, in all cases, state the *maiden name of the mother*, the national-

ity of both parents, and, as children are not often named when the return is made, it should state the *number* of the child, whether first, or second, &c., in addition to those items now required.

"Marriage certificates should also state, in addition, the *names and residences* of *the parents of both parties*, and the names of witnesses.

"Certificates of death should also state, in addition, the *names of the parents of the deceased*, and their *nationality*. In order to determine identity, it is necessary that these, and all the facts now required, should be recorded with exactness. Physicians, in too many cases, omit one or more of these facts, without reflecting that, perhaps, the very one which they consider of so little consequence may be hereafter of the first importance to that individual or his friends, to say nothing of the loss which science sustains in the omission of a fact.

"Records of this kind are of great importance in the various civil relations of society; and will secure to all classes numerous legal rights. It is useful to all persons, and to some it is of the greatest importance, to be able to prove, in a legal way, their age and place of birth; and equally important is the day of death, and the particulars of the marriage contract.

"Who does not know of individuals who have failed to obtain their rights of property, or have suffered in reputation, for the want of such legal proof of events and identity, as this law proposes to furnish?

"A family, once resident in New Haven, the undoubted heirs, by the mother's side, of a princely fortune in England, failed to receive it, for the reason that a *single fact* was wanting to complete the chain of evidence otherwise conclusive; and it is well known that millions of property in England, rightfully belonging to parties in this country, have been forfeited to the British Crown, because no legal record of births, marriages, and deaths had been kept.

"The widow of the late Dr. Dwight, President of Yale College, was for many years unable to procure the pension to which her husband's services in the army of the Revolution entitled her, for the reason that she had no proof of her marriage, no record having been made, and the witnesses being dead; she finally obtained it, however, through the aid of Joel R. Poinsett, while Secretary of War. He ordered it to be granted, on the ground that it was not to be supposed that so wise and so good a man as his old and venerated instructor, would have lived all his life with a woman who was not his wife. How many families in this State would have been made glad, or have been saved from expensive litigation and pecuniary ruin, had such a plan of registration been faithfully carried out.

"The records of New Haven have been repeatedly brought into requisition within two years, as legal evidence in suits affecting the social rights of individuals. Copies have been required in order to settle estates in England, Germany, Cuba, New York, and Massachusetts, besides for other purposes within the State; and I presume similar facts are known in other parts of the State. So far as my observation extends, the law is increasingly popular with the more intelligent portions of every community, who justly regard it as capable of conferring upon the State numerous benefits, the importance of which can not be estimated.

"To accomplish the second object, the record should show a class of facts different from those necessary to prove identity, though, in some particulars, they are the same; but as these are all included in the present law, I need not mention them here, except to remark that the attending physician should, in all cases, be careful to state in a certificate of birth, the *age of the parents*, which many omit to do: this appears at first but a trifling matter, yet in future years such facts will prove of great service in determining the laws of population.

"We shall know by these means what is the proportion of births and deaths among our foreign population, an item at present of peculiar interest; also, of what diseases the foreign born and their children die. Forming, as they do everywhere, a large and increasing element in our population, frequently bringing with them the seeds of disease and death, this becomes a matter of serious import.

"The register in New Haven exhibits the fact, I believe, that a majority of the children who die there are of foreign parentage, and that of these the larger part die between three and five years of age. If this statement is correct, and should be corroborated in other large towns—the principal foci of the foreign population—it would be an interesting and useful fact. It is easy to see that by the accumulation of facts, registration will lead to the adoption of such measures as will aid in the diminution of sickness—(and one-half of all that occurs is believed to be unnecessary and preventable)—in the security of life, in the improvement of the general physical condition of the people, and in promoting their greatest happiness.

"Among the other important considerations connected with this subject is its bearing on Life Insurance.

"It was long ago ascertained in Europe that the reproduction, the life, the sickness and death of man, are regulated by certain fixed and natural laws, which vary, of course, according to the individual, and the circumstances by which he is surrounded. These laws had not yet been investigated in their application to man in the circumstances in which he is placed in this country—neither can it be done in the present state of knowledge on this subject.

"It is evident, however, that many facts exist, which render the operation of these laws peculiar to ourselves; and it is highly desirable, on this account, also, that a system of registration of human life, by which they may be obtained, should be faithfully carried into operation.

"Life insurance, as common in England as insurance on property, is becoming a very important interest in this country; and it has always been regretted that insurance companies are obliged to base all their operations on either the Carlisle or other tables of mortality, prepared in England many years ago, and which never afforded an adequate estimate of the probabilities of life on this continent.

"'Such records would enable us to construct tables of mortality, containing an individual fund of statistical information, showing the various influences in operation among us, which tend to increase or diminish our population, the comparative value of life among males and females, and of persons existing under different circumstances and conditions; the comparative prevalence of health and disease and of death, in the different seasons of the year, in different localities, and in the different periods of life.'

"Until we have such a class of facts, we cannot know the wants of our population, nor tell where to apply remedies in order to ameliorate their condition—to improve the general health of community—promote the security of life, and add to the number of its years. At present, our exertions must be influenced by, and be made upon, comparatively uncertain theory and conjecture; and, of course, may produce erroneous results.

"Registration has developed some interesting facts of a more strictly sanitary character. In England, it has been found that in those rural districts in which under-drainage had been within a few years generally adopted, the number of deaths has much diminished, while the cases of sickness were fewer and shorter; and in the large towns, the difference between the ratio of deaths in the undrained, crowded localities, and the better portions of the cities, was very striking. In the report of Mr. Glover, superintending medical inspector of the London Board of Health, on the common and model lodging-houses of

London (with reference to epidemic cholera in 1854) it is stated that, in 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet, during the year, *only ten cases of fever* occurred. Considering the class of persons inhabiting these houses, it must be acknowledged that three cases of fever in every 10,000 of such persons, is an almost incredible amount of sickness of this character.

"'In all the houses, registered and unregistered, there were, in the first nine months of last year, 72 cases of cholera, and 61 deaths—an amount of sickness, all things considered, astonishingly small.' 'With respect to the health of the inmates of the model lodging-houses, it appears, from the various reports, that these houses have enjoyed all but a complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000; whereas the mortality from cholera in the potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsey, 162 in 10,000.'

"In a comparison of the bills of mortality in London with those of Boston, which has always been cited as a model city for cleanliness and sobriety, we find a remarkable coincidence. In London, 32 per cent. of the deaths are those of children under five years of age; the average age of all, at death, is twenty-six and a half years, and the annual rate of mortality for the whole population is 1 in 40.

"'In Boston, from 1840 to 1845, 46.62 per cent. of all the deaths were those of children under five years of age; and in some classes of the population, more than 62 per cent. were under that age; the average age of all that died in the same period was 21.43 years, and of the Catholic burials, 13.43 *years only*. The rate of mortality for the whole population, for the last nine years, was 1 in 39; and for the last year (1849) 1 in 26.' Showing that London, with its two millions of people, supplied with water from the Thames, into which the enormous accumulation of waste and dead animal and vegetable matter—the blood and offal of slaughter-houses—the drainage from die-works, bone-boiling houses—and a thousand nameless pollutions, all find their way—with its crowded streets and grave-yards, its foul cess-pools and hopeless pauperism—is as healthy a city as Boston, and in some respects more so.

"Some of our other cities suffer still more by the comparison. The annual average mortality for the last eight years was:

In Philadelphia, . . .	1	death in	42	inhabitants.
" Boston, ...	1	"	39	"
" Baltimore, ...	1	"	36	"

In Chicago, ... 1 " 29 inhabitants.
" New York, ... 1 " 25 "

"Last year the average ratio of deaths in Chicago was 1 in 18.3 of the population.

"The high ratio in the two latter cities is owing entirely to the larger proportion of immigrants constantly arriving there; while in Chicago full one-half the entire population are foreign born, and there is always present a floating population of several thousands, many of whom are yet suffering from the debilitating effects of a long voyage, and destitute of every comfort and convenience of life.

"Doubtless among the principal reasons for the large mortality in this country, may be mentioned the great and frequent changes of temperature at all seasons; the intense and prolonged heat of summer, favoring rapid decomposition, and causing diseases of the bowels, as diarrhœa, dysentery, cholera, &c.; the equitable and restless state of our population, containing a large proportion of foreigners, among whom affections of the bowels and lungs seem to be particularly fatal. It is to be expected, then, that the deaths in proportion to the population would be more numerous, and the average age at death lower, than in the slow-going population, and more equable, temperate climates of the old world.

"Says Mr. Chadwick: 'The average of the whole of the living population in America, so far as it can be deduced from the census returns, is only 22 *years and* 2 *months*. Notwithstanding the earlier marriages and the extent of emigration, and the general increase of population, the whole circumstances appear to me to prove this to be the case of a population, depressed to this low age, chiefly by the greater proportionate pressure of the causes of disease and premature mortality. The proportionate numbers at each interval of age in every 10,000 of the population of the United States, England and Wales, are as follows:

	United States.	England and Wales.
Under 5 years,	1,744	1,324
5 and under 10,	1,417	1,197
10 " 15,	1,210	1,089
15 " 20,	1,091	997
20 " 30,	1,816	1,780
30 " 40,	1,160	1,289
40 " 50,	732	959
50 " 60,	436	645
60 " 70,	245	440
70 " 80,	113	216

80 and under 90,	22	59
100 and upward,	4	5
Average age of all living,	22 yrs. and 2 mos.	26 yrs., 7 mos.

"'It may be observed,' he adds, 'that while in England there are 5,025 persons between 15 and 50, who have 3,610 children, or persons under 15; in America there are 4,789 persons living, between 15 and 50 years of age, who have 4,371 children dependent upon them.

"'In England there are, in every 10,000 persons, 1,365 who have obtained over 50 years' experience; in America, there are only 830.

"'The moral consequences of the predominance of the young and passionate in the American community, are attested by observers to be such as have already been described in the General Sanitary Report, as characteristic of those crowded, filthy and badly administered districts of England, where the average duration of life is short, the proportion of the very young great, and the adult generation transient. The adult population of America, it has been shown, is younger than in England, and if the causes of early death were to remain the same, it may be confidently predicted that the American population would remain young for centuries.'"

Apology.—The matter for the December number of the *Journal*, was prepared in good season, and placed in the hands of the printer, with the assurance that the *Journal* should be forthcoming at the proper time. But, very much to our chagrin and annoyance, we could not get a copy from his hands, until the beginning of the second week in January. We, however, commence this number, the first of vol. five, with another printing establishment; and though, owing to the circumstances just mentioned, it is late in its appearance, we trust that we shall have no occasion for further complaints of this kind during the coming year. All letters on business connected with the *Journal*, and communications, should be directed, as heretofore, to Dr. N. S. Davis, Chicago, Ill.

The Transactions of the Illinois State Medical Society.

The regular Annual Meeting of the Illinois State Medical Society, was held in Bloomington, during the first week in June last, and yet we have seen nothing of the printed transactions.

Are we to have them; or have the publishing committee decided the *matter* to be not worth the cost of printing? Or, are there no funds in the treasury? Will the Secretary give us some light on the subject? If we remember correctly, money was contributed at the last meeting, to the amount of about fifty dollars, to be offered as a premium for the best essay on some medical subject, and a committee was appointed to receive and examine such essays as should be offered for such prize. If we mistake not, Dr. W. B. Herrick, of Chicago, was made chairman of that committee. It is certainly time that said committee should issue to the profession of the State some *notice*, if they wish to receive any essays before the next Annual Meeting of the State Society. We hope there will be no further delay in regard to these matters.

Miscellaneous Items.

The Virginia *Medical and Surgical Journal*, and *The Stethoscope*, both formerly published at Richmond, Va., have been united, retaining the title of the former.

We observe an attempt is being made to establish, in the city of New York, an Hospital exclusively for the reception of "consumptive patients." If the object is to provide a comfortable place for that class of patients, who, in the advanced stage of phthisis, have no home or kind friends to protect them, after they become too feeble to protect themselves, then it is all very well. But if the plan embraces the idea of receiving and congregating together, within the walls of a Hospital, patients in all the stages of pulmonary tubercular disease, it is very questionable whether its evils would not overbalance its advantages.

College of Physicians and Surgeons, of New York.—This excellent medical college has just commenced the occupancy of the new and spacious college edifice, on the corner of 23d street and Fourth Avenue. We hope its future prosperity will be fully equal to its merits.

Insanity, &c., in France.—For every 100,000 inhabitants in France, there are 125 insane, 105 blind, 82 deaf and dumb, and 118 goitrous.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. FEBRUARY, 1856. NO. 2.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*On the Climate of Lake Superior.*—By CHAS. WHITTLESEY, of Eagle River, Ill.

PROF. W. B. HERRICK, CHICAGO:—

Dear Sir:—My brother, Dr. S. H. Whittlesey, of the Copper Falls Mine, has shown me your article on the health and longevity of the Lake Superior region. This subject has a deep interest for the southern invalid, as, also, those who desire the growth of the upper country. I became convinced, in 1845–6, from the observed effects of the climate, in summer, upon persons with diseased lungs, that it is a mistake to send them *South* in the early stage of the disease. This idea was opposed to the theory, and to the practice, of the physicians of my acquaintance, and was simply the result of observation. I have often asked those who were laboring with coughs and sweats, on the way up, how their lungs were affected by a stay of one or two months here. The answer is, generally, "I have forgotten all about my lungs." In other cases, of great exhaustion, where there appeared to be much disorganization of the breathing apparatus, and bleeding, I do not feel confident that the sufferer's life will be prolonged by a residence on this lake. In two instances, it appeared to have this effect; but, in four or five others, I thought the influence was not good. This depends somewhat upon the season of the year they arrive, and upon their mental energy.

I am happy to see the faculty discussing the question, and like the general tone and deductions of your article. Great good may be produced by a judicious recommendation to invalids, respecting a summer residence here. The time is at hand, when, at Marquette, Copper Harbor, or La Pointe, they may be comfortably situated.

Having spent a large part of ten years on the waters of the lake, I feel no hesitation in saying that, for pulmonary difficulties, and for general debility, more benefit is to be expected than in any portion of the United States, hitherto resorted to for health. I write this, however, to assist you somewhat by furnishing some facts in Meteorology, in addition to those at your command when your article was written.

As you regard Barometric pressure as one of the elements involved, I enclose the best statement that (as far as I know) can now be made, there being no readings for the Winter months —a season when the fluctuations are greatest.

The only other place, of an elevation near ours, to which I can now refer in comparison, is Rochester, N. Y.; and you will see that the extremes for the same months are greater here than there.

STATEMENT, *showing the extreme fluctuations of the Barometer on Lake Superior, at or near water level, in the Summer months, compared with Rochester, N. Y.*

Place and Date.	*Highest Reading.*	*Lowest Reading.*	*Difference.*	*Authority.*
Copper Harbor.				
July, 1847,	- 29.710	28.069	1.641	Prof. W. W. Mathew, Six readings a day.
August, "	- 29.712	29.240	0.472	
July, 1848,	- 29.562	28.968	0.594	Joseph S. Kendall, Readings hourly.
August, "	- 29.788	28.736	1.052	
Sept. "	- 29.800	28.978	0.822	
La Pointe.				
July, 1849,	- 29.85	29.14	0.710	Chas. Whittlesey, Readings not regular.
August, "	- 29.63	29.18	0.450	
Sept. "	- 29.75	29.26	0.490	

Rochester, N. Y.				
July, 1852,	- 29.723	28.947	0.776	Prof. C. Heywood, Six times a day.
August, "	- 29.723	29.203	0.529	
Sept. "	- 29.808	28.735	1.073	
July, 1853,	- 29,800	29.323	0.480	Prof. C. Dewey, Daily readings.
August, "	- 29.750	29.230	0.520	
Sept. "	- 29.840	29.070	0.770	

The observations for temperature, made at Copper Harbor by the army surgeons, having been all taken at *lake level*, do not give a correct average. The thermometer is so affected that it reads higher near large bodies of water, and thus registers, kept at the same time on the highlands adjacent, are materially lower, especially in Winter. I believe I have transcripts of all the readings that have been recorded within teh years, having copied those of which I have any knowledge.

The accompanying table shows the extreme range at lake level, and the lowest depression during Winter, at several points in the interior.

Thermometers differ so much, that a few observations, with instruments not compared, may vary several degrees from the truth; but we must use such materials as we have. For the Summer months I have no observations on the highlands.

A STATEMENT, *showing the extreme fluctuations in Thermometrical Readings on Lake Superior.*

Places at the Level of the Lake.	*No. of obs. per day.*	*Lowest in Winter.*	*Highest in Summer.*	*Mean of Summer.*	*Authority.*
Grand Island, 1842,......	—	— 3	—		Not known.
Copper Harbor, 1844–5,.	3	0	93	62.40	Army Surgeons.
do. 1845–6,.	"	— 9	94	62,40	do.
do. 1847,....	6	——	80	58.40	Pr. W.W. Mather.
do. 1848,....	12	——	89	68.08	S. S. Kendall.
Elm River, 1848,.........	—	— 7	—		Not known.
La Pointe, 1849,...........	—	——	81	61.15	C. Whittlesey,
Ontonagon, 1853–4,......	3	— 2			A. Stockley.
do. 1854–5,......	"	— 4			H. S. Taft, M. D.
Eagle River, "	—	—17			C. Whittlesey.
Eagle Harbor, 1853–4,...	—	—22			Not known. Single observations.
do. 1854–5,...	—	—26			
For Places in the Interior.					
Portage Lake, 1853–4,..	8	—30			C. H. Palmer.
Cliff Mine, " ..	—	—36			Single observation
Copper Falls, " ..	—	—19			" "
Northwest Mine, 1854-5,	—	—30			" "
Phœnix Mine, "	—	—26			" "
Cliff Mine, "	—	—32			" "

Mean of Extreme Cold for 5 years, at lake level,............. —10
Same for the two years in the Interior,........................... —29

The best established point in the Meteorology of Lake Superior, at lake level, is the *mean* of the *Summer months, June, July, and August*. The average of five years is 65.28, which is certainly a very comfortable temperature. It is a settled fact, that a pure northern atmosphere invigorates the animal system. A southern climate may be very pleasant, where it is uniform and moderate; but does it not *enervate* the animal system, *invariably?* Those invalids who stand in fear of the chills of our northern summers, will perceive that, by the thermometer, we have a delicious mean between hot and cold; and while, for mere personal comfort, no part of North America is to be preferred in Summer, especially for depressed and declining constitutions, there is probably none better calculated, as a permanent residence, to prolong life in healthy individuals.

The Hygrometric state of the air has not been so much observed. I should say that the warm months are moist, and the cold months *very dry*. In the Spring, when the snow leaves the ground, (if there is no rain, and it is not to be expected for some weeks,) the old timber and brush is so dry as to cause raging fires in the woods at once.

The army surgeons kept a "wet bulk" register at Copper Harbor for two years, which are the only observations I know of on moisture. I give you the results, but they do not at all correspond to my ideas of the Hygrometic state of the atmosphere in Winter. My attempts to use the wet bulk, in our cold, sharp, freezing months, have been a failure; and I, therefore, suspect the results given at Fort Wilkins. They are as follows:—

		Wet Bulk Mean.	*Difference for Moisture.*
Mean of Summer, 1844, . . .	62.42	56.22	6.20
Winter mean, 1845, ...	22.97	21.99	0.98
Summer, ...	61.40	54.71	6.69
Winter, 1846, ...	21.16	20.95	0.21

The land and sea breezes of which you speak are common to all the lakes, and all large bodies of water, whether fresh or salt. In calm weather, on Lake Erie, during the Summer months, the lake captains count upon an off-shore breeze about eight o'clock in the evening, as they do on the ocean, and this on the North as well as the South shore. Where there are highlands, these diurnal changes are more conspicuous. The cause you will readily perceive.

As to the irregular oscillations of the lake's surface, which is also common to all of our fresh water seas, (and probably to the ocean,) after some years of observation and measurement, I am nearly convinced that they are not due to sudden changes in Barometric pressure; but my investigations are not sufficiently advanced to give a theory of the agent which produces them. The general and the annual rise and fall of surface, is a sure index of the combined Meteorology over the vast tract drained into and from the great North American lakes. The statistics in my possession, I think, establish this point, about which a great amount of mystery has been thrown, by traditions that do not agree with facts. A series of wet and dry seasons produces a rise, and of cold and dry ones a fall, as in all rivers and inland bodies of water.

ARTICLE II.—*Cases in Practice.* By Benj. Woodward, M. D., Sharon, Ill.

Case I.—The following case was at the time, one of deep interest to me; and thinking it might be so to the profession at large—offer it for the pages of the *Journal.*

On the 27th of January last, my little girl, Florence, was cracking and eating some Hickory nuts, and having some in her mouth, laughed at something and got a piece of shell (as was subsequently proved) in the trachæ. She coughed convulsively for a few moments and then appeared relieved. The next day in the afternoon she had a chill, followed by fever, with every symptom of pneumonia. For this I treated her. There was nothing in the sound of her cough (which was slight) or the breathing peculiar, but the stethescope revealed a whistling sound low down in the right bronchia. I did not at this time suspect the presence of any foreign body in the lungs, but looked upon the pneumonia as caused by the irritation of coughing the day before. Mercurials, antimonials, ipecac, digitalis, cuping blisters, opiates, all the ordinary means were tried, but in vain, the disease went on. On the 8th day from the attack, the pulse was 160 per minute, small and like a fine cord vibrating under the finger.

On the 9th day, she was attacked with all the symptoms of pleurisy on the right side. Blisters were renewed and the severity of the symptoms somewhat abated, but there was no abatement of the fever. On the 10th day, she had a severe chill, and from this time to the end of the 27th day, there were chills with hectic fever every afternoon. Quinine and the nitro muriatic acid were resorted to, but without avail. She seemed to sink gradually till the morning of the 31st day, when she was taken coughing violently, and very soon a stream of pure pus issued from her mouth, which continued for some time, when she sunk into apparent death. In about an hour she was taken coughing again, when pus was again discharged, and with it a piece of hickory nut shell, weighing when dry a little more than two grains. It is rather more then one-fourth of an inch long, and one-eighth wide.

She had not swallowed a mouthful of nourishment from the 10th day till after the abcess broke, but we kept up her strength by enemata of strong animal broths, with nitro muriatic acid and quinine. From the 20th to the 31st day, she lay like one dead, neither shaking or moving, and her breath hardly perceptible. Through the whole of her sickness after the 10th day, neither percussion or the stethescope revealed any sign of vitality in the right lobe of the lung. About the 15th or 16th day, the heart's action became impaired, sometimes every 5th, 6th, and 7th pulsation would be wanting, and as the disease advanced the intermissions would be still more frequent. All this time there was no enlargement of the right side of the thorax or swelling in the intercostal spaces, but on the 33d day, the breathing became still more difficult, and I thought, I could distinguish fluctuation just to the right of the bottom of the sternum, and on plunging in a trochar a stream of pus issued which continued to discharge for some days. From this time her improvement was constant, but slow. Before her sickness she was a fleshy, healthy, child, but since that time she has been frail and delicate.

At no time, up to the present, has there been any motion of the right side, nor will the stethescope reveal any sound.

The above case, (aside from its being my own child), has for me peculiar interest. I have thus made a plain statement of the facts in the case, and will neither weary you nor your readers with any theories.

Iodine, a Remedy in Rattlesnake Bite.

CASE II.—On the evening of the last 4th of July, I was called to see a little Dutch girl, 12 years old, who had been bitten early in the morning by a rattlesnake.

I found the wound on the inside of the right ancle, two marks of the fangs were distinctly visible, from which bloody serum was issuing. The whole limb and right side were enormously swelled and discolored. Tongue swelled, pulse 140 per minute, delirious, constant vomiting of green slime or mucóus, abdomen tympanitic.

Here was a case to try Dr. Brainard's remedy. I should have mentioned before, that in many places the skin of the leg was full of cracks, from which issued yellow serum. Gave morphine in ½ gr. doses every half hour, to allay the vomiting and to quiet the brain.

I scarified not only the limb, but almost every part of the right side, and then rubed in strong tinct. of iodine, and as soon as the vomiting was allayed, gave a tea spoon-full every hour of solution of iodide potassa, 20 grs. to the ounce of water, moved the bowels with enema of epsom salts, repeated till effect was produced.

Saw her again on the morning of the 5th, she was rational, and complained of the pain in her leg and thigh. Scarified again, and washed with the tinct. iodine. Ordered elm mucilage, and the iodide potssa in tea spoon-full doses every four hours.

On the 6th, found all symptoms relieved, discontinued the internal use of the iodine as it affected the bowels materially. Gave pulv. doveri 10 grs., quinine 4 grs., every six hours till four doses had been taken.

7th, found her comfortable, except some lameness of wounded limb. Ordered simple soothing applications and dismissed the case.

I would not claim for myself any credit in this case, but would give it to the man who so successfully experimented with the iodine in animal poisoning. The above, from the length of time that had elapsed before remedies were used, and the severity of the symptoms, seemed a desperate case, and yet the iodine triumphed over the poison.

Why may not iodine prove a remedy in that most terrible of all diseases, canine madness? That is caused by an animal poison most certainly. True its effects are seen mostly in the nervious system, and even if the remedy will not control the disease after it is developed—may it not have the effect of eliminating the poison before actual madness takes place.

So impressed am I with this idea, that I propose to institute a series of experiments with the canine virus as soon as I can procure it. To this end, I will thank any member of the profession to send me by mail, at my expense, any specimens of the virus he can procure, either from the recently dead, or living animal. It may be procured and preserved by collecting the saliva on pieces of quill, drying them, and putting them into dry, well corked vials. Should any gentleman be so kind as to send me any, I will send him the results of the experiments. I have not been able to procure any myself, since the idea first suggested itself to my mind.

BENJ. WOODWARD, M. D.

Sharon, Ill., Nov. 1, 1855.

ARTICLE III.—*Cases of Puerperal Convulsions.*—By J. F. Beckner, M.D., of Blish Mills, Missouri.

PROF. N. S. DAVIS, M.D., CHICAGO, ILL.:

Dear Sir:—Permit me to occupy some of your moments in reading a report of a case of eclampsia, treated by myself:—

Was called in the evening of Dec. 25, 1855, about ten miles from my residence, to visit Mrs. B . . ., aged 29 years, a German woman, in labor with her first child. She was rather over the medium size; squarely built; thick and medium length neck; florid countenance at present (being a stranger I do not know whether this is natural or not;) face and eyes considerably tumefied; lips much swollen; tongue protruding and bleeding; dark hair, and a very clear black eye. Ascertained that labor pains had set in about 3 o'clock, P.M., and, about one hour after, she was attacked with convulsions, which commenced with and terminated every pain, which recurred two or three times in an hour. The time intervening was occupied in raving and making efforts to escape from them. I arrived at 9 o'clock. She had just had a fit as I arrived. She was now lying in a comatose condition, pulse slow, full, and hard, breathing heavy, and accompanied with convulsive sobs. The old lady that had been officiating as accoucheur, informed me that the woman was *swonger*, and that I had better ascertain how labor was advancing. I made an examination, and found no advancement of any note. She now complained of severe headache, and was soon after thrown into most violent convulsions. As soon as I could obtain a vessel, I opened a vein, and let the blood flow freely from a large orifice, until three pints were taken. I now halted to obtain another vessel. I then took two pints more, upon which she manifested some nausea. Breathing better; pulse 125, smaller, but yet hard and irregular; skin cool, and some moisture about the face and neck; unconscious of all that occurred after I arrrived during the night. She now had another convulsion, which I thought would terminate the case. I opened the temporal artery, and took near two pints of blood, in addition to what I had taken, with no apparent advantage. I now commenced with the following formula:—

Chloroform, 1 drachm; Tinct. Musk., 3 drachms; Spts. Nitre, 3 drachms.—Ordered I drachm every fifteen minutes, and watched its effects until the chloroform showed its desirable effects.

The reason I do not use the laudanum in this formula is, I had been giving laudanum previous, with no apparent effect. The above formula was all that was given during the night. She took four doses, when she became tranquil, and slept well, to all appearances, until morning, when she aroused, and manifested some consciousness, but could not swallow anything unless it would first come in contact with the larynx. I took leave until evening, when I called again, and found her much improved. I then administered a dose of calomel and oil, and left, to call next day at 3 P.M. I called and found that the medicine operated early in the morning, and that she had been delivered of a well-formed dead infant (female.) She was doing well, to all appearance. She is now about as well as could be expected, under ordinary circumstances. I have since attended another case of puerperal convulsions, in the care of another physician. She was attacked about one hour after delivery. I gave her the chloroform and laudanum, in connection with the spts. nitre, in the following proportions:—

Chloroform, 1 drachm; laudanum, 1 drachm; spirits nitre, 4 drachms.—Ordered one-sixth of a drachm every twenty minutes, until four portions had been taken, which had the desired effect, without the use of the lance or cathartics.

His case had flooded considerable before I was called. I did not use any syaptuse in any of these cases, for the only reason —I could not obtain them. I did not use the cold applications to the head, as has been directed by all the authors that we have on this most formidable disease. After these cases, were fully under the influence of the chloroform, I could not find any more use for the cold applications to the head, inasmuch as the cases above alluded to were in a moisture of perspiration, as soon as they were under a full influence of the medicine. I should be very happy to see some communications from those who have had more experience with this chloroform treatment in puerperal diseases.

Blish Mills, Franklin Co., Mo., Jan. 7, 1856.

ARTICLE IV.—*Remittent Insanity Cured by Quinine.* By Dr. H. W. Kreider.

Mrs. E. W. left home about the 15th of July, 1853, in company with her husband and some relations, with a view of visiting some friends in the Southern portion of the State, distant one hundred and twenty-five miles. After an absence of ten days they returned home, Mrs. W. complaining of little else than fatigue from her journey, the weather being extremely warm and roads very dirty, rendering the travelling by carrage and horses very unpleasant. But on three days after their return Mr. W. began to observe some actions in his wife that were unusual. They occurred only occasionally during the twenty-four hours, and he paid but little attention to it; but about the 1st of August he became alarmed on account of his wife, finding that she was restless during the night, slept but a little, up frequently, walking about for hours before daylight, when she would generally sleep, after which she appeared as well as usual until evening, when the symptoms of the preceeding night would again occur. She continued in this way until the morning of the 8th, when she was sized with violent insanity. She walked rapidly, but cautiously about the house, looking under beds, tables, &c.; saying that there were witches about the house, which she meant to find; also, picking up bits of paper, cloth, and articles of clothing, and burning them, in order, (as she said), to destroy the witches. She would also secrete knives and razors about her person. She also had a strong desire to escape from the house, to prevent which, the doors were closed and persons seated by them. Seeing resistance offered her escape, she made a leap through a small six light window, of eight by ten glass—a thing which would seem almost impossible—made her escape to the road in front of the house, and run half a mile before she could be overtaken; when brought back to the house, she was a furious maniac.

This morning, Saturday, August 8th, Dr. Gaddis was called, examined the patient, took 20 ℥ of blood from the arm, and returned home early Sunday morning. I was called in company with Dr. Gaddis to see the patient. She had spent a restless night, requiring four persons to watch and control her. She would not allow her husband to come into her presence, as she considered him the worst enemy she had. After obtaining from the husband of the patient a correct history of her health for some months past, we were unable to find any indications of disease, either of a physical or mental character, or any hereditary indications of this kind, but so far as known, the patient had enjoyed good health up to the attack. The patient's pulse this morning, 80 in the minute, tongue slightly coated, no thirst or heat of skin, or other indications of fever.

She complained of no pain whatever, and positively declared that there was nothing the matter with her. An emetic was ordered for the patient, to be followed by a cathartic, both of which operated freely. Some general directions were given as to the management of the patient, after which we returned home. Dr. G. declined further attendance on the part of the patient, as he had retired from practice.

Monday, August 7th, I was sent for this morning in great haste—the messenger stating that the patient had become so furious that they were scarcely able to restrain her from committing violence upon herself and others. I arrived at 10 o'clock, found the patient lying upon a bed, and held there by four men, making threats of the most violent kind; sometimes singing, and at other times hollowing, so as to be heard a great distance from the house.

Being unable to find any local disease or constitutional affections or any moral influence, sufficient to produce this state of the mind, I was at a loss to know what treatment to adopt. After some reflections upon the probable nature of the case, and carefully reviewing the patient's symptoms and actions from the commencement of the attack up to that time, and finding that there was a partial remission each morning of the insanity; the patient being more quiet and more easily controlled, although these symptoms lasted only two or three hours, and it being at a season of the year when diseases of a malanuous character were prevailing, I came to the conclusion that possibly this insanity might have the same cause for its origin—I come to the conclusion more particularly for the reason that the patient had been exposed in travelling to the excessive heat of the sun, which was very great at that time, (it being the dry summer of 1853), and the patient entirely unaccustomed to such exposure, consequently I came to the conclusion that it was a case of Remitting Insanity, depending for its origin upon the same influences that produced intermittent and remittent fevers. Treatment commenced Monday, August 7th, 12 o'clock, patient raving and furious, Chloroform was now administered to the patient until she was brought entirely under its influence, and quiet continued for half an hour, when it was allowed to pass off sufficiently to administer a powder composed of ji gr. sulp. morphine, jii grs. musk, and 5 grs. quinine. This prescription was repeated every three hours until three powders were taken, and the patient kept under the influence of chloroform near four hours, and until the quieting effects of the morphine began to be developed, which seemed to render the patient more manageable. A strait jacket was ordered, which was immediately made, and put upon the patient, so as to enable the attendant to control her; the musk, morphine and quinine were continued at intervals of four hours, until 40 grs. quinine were taken.

Tuesday, 3 o'clock, I had remained with the patient up to this time. No unpleasant symptoms were observed from the treatment or the large quantity of morphine she had taken; it producing only occasionally a few moments' sleep. The patient passed a better night than she had done the previous one, less violent in all her actions. This I attributed to the anodyne. I now prescribed powders containing i gr. sulp. morphine, and jii grs., to be given every four hours until my return next day.

Wednesday, 9 o'clock, evidently an improvement in the patient to day. She appears more calm, less inclined to try to injure her attendants; intervals of quiet during the night long. A saline cathartic was now given to the patient, which procured a moderate evacuation from the bowels. The quinine and morphine were again commenced at 9 o'clock, P. M., in the same doses as before, and same intervals.

Thursday, 2 o'clock, P. M., patient continues to improve, paroxysms of insanity less frequent and violent, particularly during the night. She could now easily be controlled; treatment continued until 6 o'clock the next morning, at which time it had been ordered to be discontinued during the day. The pulse during the whole time varied from 80 to 90 in the minute, seeming only to be increased by the intense excitement of mind, under which the patient labored. She eat nothing during the time, and only slept occasionally a few moments from the influence of morphine, being at times held upon her bed to restrain her, and at other times walked rapidly about her room.

Friday, 6 o'clock, P. M., patient has taken no medicine since

6 o'clock, A. M.—case reported by the attendant as follows: "Patient much better, rested well during the night, slept from 1 o'clock until 4 o'clock in the morning, eat a light breakfast, remained quiet, slept during greater part of the day, room kept quiet, and only one attendant required." After learning the history of the patient for the past twenty-four hours, I went to her room, enquired of her as to her health, she remarked that she was much better, immediately arose from her bed, seated herself in a large rocking chair, said she was well, and asked me very kindly, would I not allow her to be relieved of her strait jacket. It was immediately taken off, and the patient appearing perfectly sane, after a few moments' conversation, in which the patient exhibited no signs of mental derangement, she called for some nourishment, and after eating took her bed, feeling very much prostrated. No treatment recommended to-day, except rest and quiet.

Saturday, 6 o'clock, P. M., patient continued to improve, no unpleasant, mental symptoms during the last twenty-four hours, patient rested well during the night, and feels much refreshed to-day. The only treatment recommended for the patient in future was mild diet and rest. I visited the patient occasionally up to the 17th, she had so much improved that it was thought advisable that she should take exercise by riding in a carriage, and also visiting her friends, presuming it would hasten her recovery, by drawing her attention fron the late fearful scene through which she had passed.

Friday, 18th, Mr. Wyckoff and his wife left home for the town of Canton, with the view of visiting a brother living in that place, Mrs. W. appearing very much to enjoy the ride and visit, during the day. At tea time, they were conducted to a sleeping-room, immediately adjoining the public square of the town. The constant noise that was kept up in the street during the night, so annoyed Mrs. W. that she was unable to sleep, and became very much excited towards daylight in the morning. However, she appeared as well as usual during the day (19th.) The husband and wife occupied the same room the following night, the same noise and confusion occurring again, with the addition of the barking and howling of dogs. The want of sleep, and the intense excitement produced by the noise and confusion, brought on a recurrence of the insanity. In this condition, on the morning of the 20th, she was brought home.

I was immediately sent for, and found the patient as above stated. Her insanity was now not of a violent character. She could readily be controlled by her friends. Thirty grs. quinine, 5 grs. morphine, divided into five powders, and ordered to be given to the patient, commencing at 2 o'clock, P.M., one every three hours. Patient became quiet towards daylight; in the morning slept two hours; after which, she again appeared well and sane.

September 12th.—Mr. W. informed me to-day that his wife had been very restless for two or three nights, and was again deranged. Without visiting the patient, I prescribed morphine and quinine as above, in same proportions, and given in the same manner. The patient had been slightly deranged for two days after taking the medicine. The derangement immediately disappeared. The patient had two subsequent relapses, one on the 30th Sept., the other the 24th Oct., of mental derangement, which were promptly relieved by quinine and morphine.

SELECTIONS.

On the Use of the Tinct. Ferr. Chlorid. in Uterine Hemorrhages. —By Dr. Frederick Schreier, Physician in Hamburgh.

(Translated for the Medical Examiner.)

Experience having shown that all the means generally used for the suppression of uterine hemorrhages—especially when violent—were inefficient, I was induced, after trying various remedies, to employ the liq. stypticus loofi. Not only was my first experiment, made thirteen years ago, attended with success, but I have lately had frequent opportunities of collecting from my colleagues, proofs of still more favorable results, from the use of this medicine in their practice. The history of two cases will best illustrate the practical working of the liq. ferr. chlorid.

In the beginning of the year 1842, I was called to visit the midwife B., in Altenwerder, Hanover. This woman, 26 years of age, of delicate constitution, complained of violent pain in the right lumbar region. On examination, I observed a swelling, which bore all the characteristics of the first stage of an abscess. After applying the usual means for producing suppuration, it opened, and was healed. About 14 days afterwards, Mrs. B., being sent for to attend a woman about to be confined, was obliged to cross the ice on horseback. The horse broke through the ice, and the woman fell into the water. On the next day a violent hemorrhage took place, to stop which she used all the well known means, but in vain. Called to see her ; I ordered tinct. cinnamon 1—3 teaspoonful every quarter of an hour, with no effect, however, as the bleeding continued undiminished. A threatened miscarriage could not now be mistaken. Weak, irregular labor pains had commenced, and I was satisfied that the fœtus would have to be expelled from the uterus. I now prescribed: ℞. Secal. cornut. gr. x., rad. ipecac. gr. j., alumin. crud. gr. jv., sacch. alb. gr. vj., M. f. pulv., to be given every hour. I ordered the most perfect rest, horizontal position, and laid a cold sand bag over the pubic region. After this the hemorrhage became less.

On the evening of the same day, I was informed that not only had the bleeding not ceased, but that it had become much more violent, and the woman very weak. I at once ordered: ℞. Decoct. rad. krameriæ ℥vj., tinct. cinnam. ℥½., syr. cinnamon ℥j., acid phosph. ʒij. M. D. S., one teaspoonful every hour, and hurried, suspecting great danger, to the sick woman, whom I found suffering from severe hemorrhage. After examining the mouth of the womb (which was so contracted as to render the insertion of the finger impossible) I applied restoratives (besides injections of cold water, alum and vinegar) after which the bleeding ceased; but, for this time also, only for a short period; for in the night, towards 12 o'clock, a message was sent to me that the bleeding had again commenced, the patient being entirely exhausted, and dying. Upon this I resorted to the energetic measures which I had before used in similar cases, with such favorable results, namely, injections of diluted liquor stypt. loofi. (about 50 drops of liq. stypt. l. in 3—4 oz. of water). Finding after this injection that no sensation of heat was felt in the womb, that the bleeding was unchecked, and that no perceptible contraction of the uterus had taken place, I now gave, instead of 50, 80 and finally 100 drops in 3 oz. of water. The wished for result at once took place. The passage of black coagulated blood with the fœtus followed the injection. The fœtus appeared about 12—13 weeks old, which accorded with the woman's reckoning. Afterwards occurred gastrosis with tympanitis, &c., &c., which was arrested by the appropriate means, and the patient soon completely recovered. She afterwards described her sensations when the above means were used in the following manner: "Upon the first injection I felt a slight warmth, but upon its being repeated, after being made stronger, a most decided heat was experienced in the womb, which increased to a burning sensation, accompanied with a peculiar feeling of motion there, after which I was not aware of any further loss of blood."

I will now relate another case equally interesting.

Mrs. F., at Finkenwarder, 40 years old, of strong constitution, choleric temperament, was seized with hemorrhage. She summoned an esteemed colleague, Dr. N., in N., to her assistance. After trying all the known and valued means in vain, the patient called me in. I resorted again to the injection of liq. stypt. loofi., for the patient had now become almost anæmic, and I had again the satisfaction of witnessing the successful results of its action. After the third injection—in which were 100 drops of liq. stypt. l.—the bleeding ceased. In consequence of the great loss of blood, general dropsy afterwards took place. The cause of the dropsy was clear, and I treated it therefore with iron and other restoratives, and soon checked it. After the course of three years the woman was again pregnant, and was delivered of a living, mature child.

In cases where paralysis of the uterus occurs, and the power of contraction is wanting, I can also recommend to my brethren, as a safe and effective measure, the use of the liq. stypt. l. In the last year of my practice I used the liquor ferr. chlorid. also for a violent hemorrhage in a case of placenta prævia, where rapid delivery could not be effected, owing to insufficient dilatation of the mouth of the womb. I applied it in the following manner: I took a compressed sponge (sponge tent) which was cut in the form of the opening of the mouth of the womb, saturated it with the liquor, and introduced it as high as possible into the mouth of the womb, upon which not only was the bleeding checked, but after the course of 6—12 hours, in consequence of the detention, the dilatation was so increased as to allow me to introduce the whole hand and complete the delivery without any injury whatever. And, indeed, in my practice I have never, in consequence of an artificial delivery, lost a single patient. In uterine cancers, where profuse bleeding frequently occurs, the same remedy can also be recommended.—*Monatsschrift fur Geburtskunde und Frauenkranpheiten, June,* 1855. *Medical Examiner.*

On Infantile Paralysis. By Wm. Adams.

Whether paralysis of particular muscles or limbs, independent of traumatic lesion, is ever congenital, Mr. Adams considers to be at least doubtful. The cases related of limbs remaining flaccid and useless in infants born asphyxiated, after difficult and instrumental labors, and of facial paralysis usually of one side, and sometimes accompanied with a loss of power in the corresponding arm, &c., which had in some instances been satisfactorily traced to traumatic lesion—cannot be admitted as examples of the affection described. Infantile paralysis usually occurs between the ages of six and eighteen months, generally during difficult dentition, and often preceded by fits or convulsions. It may, however, occur at earlier, or at later periods. In one of Mr. Adams' cases, it occurred at the age of five years; and both arms, as well as both legs, were paralyzed. It is said frequently to happen without any convulsive disorder, and when the children are in robust health. Mr. Adams, however, considers that in many of these cases the children had fits, which passed away unnoticed in the night; and careful inquiry had convinced him that in most cases the children were at the time suffering from a slight febrile condition. Many children, apparently in good health, became heated and feverish during the night; the skin, especially of the face, being hot and burning, and the head freely perspiring. Paralysis in children may result from intestinal irritation caused by worms, indigestible food, &c. The cause may be either centric or eccentric irritation. It not unfrequently follows marked febrile disorders, especially measles and hooping-cough. It is the author's opinion that where many muscles or entire limbs are affected, and where paralysis is persistent, it depends upon structural lesion of the nervous centres, brain or spinal cord; that in similar cases, in which the paralysis is transient, it depends upon congestion of the nervous centres, sometimes accompanied with effusion, which afterwards becomes absorbed; and that where single muscles, or a group of associated muscles, are affected, it depends upon some local failure of nutrition in the nerves supplying the muscles, under a general, though perhaps slight, febrile condition. M. Bouchut describes this affection under the title of "myogenic or essential paralysis" ("Practical Treatise on the Diseases of Children," translated by Mr. P, H. Bird); and admits, as a cause, lesion of the nervous centres and cords only in those cases which succeed febrile convulsions. The other cases he groupes in two classes, viz: those accompanied with pain in the affected limb, and those following convulsions without febrile excitement; and in these he considers the cause to be primarly and essentially an alteration of the elementary tissue of the substance of the muscles. The nature of the affection in these cases he regards as "entirely rheumatic," and traces it as a frequent result of exposure to cold. Mr. Adams has not seen any cases accompanied with pain; but, upon the ground of deficient evidence, he doubts the rheumatic character of the affection under any circumstances, and regards it as probable that the children who, in restless nights, throw off the bed-clothes, are frequently suffering from febrile or eccentric irritation. No evidence is given of alteration in the elementary structure of the muscles in the early stages; and Mr. Adams considers the myogenic theory to be advanced without sufficient evidence. M. Bouchut states that the development of the paralysis is usually slow. It is the author's experience, it had always been sudden; and it is considered that, in the cases of supposed slow development, the consecutive phenomena—contraction and atrophy—had taken place. In these cases, the limb is often said to get weaker; when it occurs in the leg, the lameness increases, but this is due to the supervention of contraction, and not to any increase of the paralytic affection, which, indeed, is not unfrequently improving. M. Bouchut observes that, "whether at the beginning or at the end of the myogenic paralysis, sensation remains quite perfect." In this the author entirely concurs. Mr. Adams has also noticed that there does not appear to be any disposition, in the paralyzed muscles to become rigid, as in cases of adult paralysis recently noticed more particularly by Dr. Todd. The muscles either remained flaccid throughout life, or, by the spontaneous disappearance of the paralysis, they are restored to a healthy condition; or complete recovery is arrested, and the muscles remain partially paralyzed through life. This latter is believed to be the most frequent termination; the complete recovery second; and the persistent flaccid condition third, in relative frequency. The paralysis most commonly affects some of the muscles of one leg; very frequently the leg and arm of the same side; occasionally both legs; and very rarely both legs and both arms. When single muscles are affected, the most frequent to suffer are—1, the extensor longus digitorum o. the toes; 2, the tibialis anticus; 3, the deltoid; 4, the sterno-mastoid. When particular groups of muscles are affected, the most frequent to suffer are—1, those on the anterior part of the leg, forming the extensors of the toes and flexors of the foot; 2, the extensors and supinators of the hand, always together; 3, the extensors of the leg, and with them generally the muscles of the foot in the first class. At the time of seizure, the author is unable to say whether any other muscles were affected; but if so, they completely recovered, as in the last stage the cases presented well-marked examples of paralysis of single muscles or groups of muscles. Sir B. Brodie lately mentioned to the author a case brought to him in which the muscles of deglutition were paralyzed in a child. The attempts to swallow were very painful to witness. He did not know the result, but death from starvation probably took place. In the Royal Orthopœdic Hospital, where these cases apply in considerable numbers, no case had been seen in which the muscles of the hip-joint were involved. Some patients, in whom both legs were affected, the rectus and other muscles of the thighs, as well as those of the legs being paralyzed, have never walked at all; but the existence of power in the muscles of the hip-joints, enables us to make these patients walk, by mechanically fixing the knee and ankle-joints, with considerable freedom. This affection exhibits a strong tendency towards spontaneous cure. In some cases, the paralysis completely disappears, even when entire limbs are involved; but in reference to severe cases, Mr. Adams believes with Sir B. Brodie, that unless recovery takes place within a few months, the paralysis is generally persistent through life. In slight and moderately severe cases, the rule is, that either complete recovery or very great improvement takes place; and this frequently several years after the seizure. Numerous cases are seen at the Orthopœdic Hospital in all stages of spontaneous recovery. The second stage is marked by deformity, produced by adapted atrophy of certain muscles, determined by paralysis of the opponent muscles and position of the part, as seen in the commonest form—elevation of the heel. The author advises the removal of the contraction in the lower extremities by division of the tendons, whenever it interferes with the motions of the joints necessary to progression and the erect position. Loss of power can be subsequently compensated for to a great extent by mechanical means, the joints being either rendered available in progression, or fixed. Infantile paralysis lays the foundation of a very large proportion of all the non-congenial deformities, itself being frequently only a transient condition. If the mode of production of these deformities were rightly understood, their prevention would be easy. Passive muscular exercises, according to the circumstances of the case, and properly adapted mechanical supports, are the preventive measures indicated. In the medical treatment, gentle mercurials for a few months after the seizure are recommended, if not injurious to the general health, but, beyond this period, any internal remedies, except those calculated to improve the general health, are of little use. Febrile irritation must be allayed; and in difficult dentition the gums may be lanced. Although this cannot remove the mischief, it may contribute to this end, and diminish its effects. Mr. Adams has not seen benefit from blisters or other counter-irritants, though he had used them. He prefers shampooing, galvanism, warm clothing, sea-bathing, and passive exercises, as likely to aid the vigorous and frequently successful efforts made by nature. The hæmospastic apparatus invented by Dr. Junod was very useful in maintaining a natural temperature in the paralytic extremities. To some extent the apparatus had been useful in keeping a good supply of blood in the muscles, and preventing atrophy.—*Ranking's Abstract.*

Treatment of Sciatica. By PEYTON BLAKISTON. F.R.S.

Dr. Blakiston has pursued the following treatment for twenty years with considerable success. He first saw it adopted in Pars in 1833: A blister, about the size of a crown-piece, is placed over the chief seat of pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been throughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albuspeyeres' plaster. This suffices for a very mild case; but in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham; and after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, 83 cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible. In the great majority of these cases no other drug was administered; but in a few, some laxative medicine or injection was given to remove constipation. In two or three cases, there was a tendency to double sciatica, and then the pain passed from the sciatic region first treated to that of the opposite side, and from thence down to the knee of this last side, but never attacked the knee of the side first affected. It is right to mention, that in hospital practice three cases were placed under the writer's care, which he considered more than doubtful, and they were therefore treated under protest, so to speak. They all turned out cases of hip disease, and therefore they are not included in those above enumerated. The difference in the sensations felt by the patients on the first application of the morphia was remarkable; and without any attempt to generalise, it may be stated that a close connexion was observed between the sensations felt and the previous state of health. Thus the effect produced on three persons in robust health—a blacksmith, a gamekeeper, and a lady—was most intense; an extraordinary thrilling was felt over the whole body, particularly at the extremities, with great nausea, and a tendency to faint. The lady vomited incessantly for twelve hours, so that it was found advisable to reduce the quantity of morphia in the powders to half a grain. On the other hand, a gentleman, who had been much reduced by overwork and by long suffering, felt no effect whatever from the application of the powders, and yet he recovered in an equally short time with the others. A lady, also, who had been taking considerable doses of opium, hardly felt the application of morphia until it was increased to two grains; but this case has been excluded, because, although the sciatica was removed by the treatment, there remained an incurable disease, which eventually destroyed her. One lady, aged 26, in whom the disease was not of long standing, obstinately refused to have a second powder applied; but happily the one application sufficed to effect a cure. In six cases the disease recurred after an interval of from five to eighteen months; and in two of these it recurred twice; but each attack was less severe than the one which preceded it and yielded readily to the same treatment. It is possible, however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks this cannot have happened very often. Some other forms of neuralgia were also benefited by this mode of treatment. Thus a very distressing case of neuralgia of the scalp yielded at once; and shooting pains, which frequently accompany cancer of the stomach, were sometimes much relieved by it.—*Med. Times and Gaz., in Dublin Med. Press.*

---

*Illustrations of the Influence of Pregnancy in controlling or retarding the Development of certain Diseases.** By W. F. MONTGOMERY, M.D., Professor of Midwifery to the King and Queen's College of Physicians.

On a former occasion, when treating of the condition of pregnancy, I took occasion to remark that it appeared from experience, that women who bear children generally enjoy more even health and are less disposed to disease that those who lead a life of celibacy, or who, having married, remained unfruitful; so that Gardien seems to express no more than the truth when he says, "Des qu'une femme est grosse les probabilites de sa vie augmentent;" and this is what we ought, *a priori*, to expect, because, childbearing being the ordinance of an all-wise Providence, we should anticipate that the fulfilment of the duty thus ordained would conduce to the welfare of those on whom it has been devolved.

It seems in conformity with such a view to believe, what indeed, I think, experience has taught us, that pregnancy acts in a great degree as a protection against the reception of disease, and perhaps on the common principle, that during the continuance of one very active operation in the system, it is thereby rendered less liable to be invaded or acted on by another; thus it has been observed, that during epidemics of contagious diseases of different kinds, a much smaller proportion of pregnant women have been attacked than of others: but when attacked, they suffer severely; thus, when the cholera visited this country, the proportion of pregnant women who took the disease was very small, but all who caught it died, I believe, without almost a single exception. Gardien's experience led him to a similar conclusion, he says: "Les femmes enceintes sont moins exposees agagner les maladies contagieuses; mais lorsqu' elles ensont atteintes, elles succombent plus promptement." I think also I have seen sufficient to satisfy me that pregnancy does, at least occasionally, exercise another kind of influence over disease in the system, namely, of preventing its development during that state, although the infection may have been caught; as is proved by the disease showing itself immediately after delivery, as in the following cases:—

Mrs. W., when in the ninth month of pregnancy, was much about her brother, who was dangerously ill of malignant scarlatina; she seemed to have escaped the danger completely, but the day after her delivery she was covered with the disease, of which she died in a few days; between the time of her exposure to the infection and her delivery, there had intervened three weeks, during which she appeared to be quite well.

When Mrs. F. was in the eighth month of pregnancy, her husband had typhus fever, in which she assiduously attended him; after his recovery, she went to her father's house, some fifty miles from town, where she was delivered in due time, and immediately afterwards was seized with typhus fever, of which she died, in eight days; between five and six weeks had elapsed between Mr. F.'s illness and her labor, and during that interval, she seemed in perfect health.

---

* Read before the Association of the College of Physicians of Ireland.

In the month of November, 1854, I attended a young lady in her first confinement; previous to which she had both the lower extremities much enlarged by anasarca, but she appeared, in other respects, quite well, with one exception, which was that she had such *soreness* of the abdomen, she found a difficulty in laying on either side; and when I passed my hand over the abdomen, she complained that the pressure hurt her everywhere.

On the 12th she was confined, after a favorable labor, but the abdominal tenderness remained, and there was a peculiar doughy feel of the whole abdomen; next day, this was equally felt, but with little or no pain or fever, and a perfectly quiet pulse.

On the 14th, I found the insteps of both feet, but particularly the left, covered with well-developed erysipelas; her mother, who seemed very anxious about her, was present when I examined the feet, and on our reaching the drawing room said, "Doctor, isn't that very like erysipelas?" I said, "Yes, certainly, there was no doubt about it." "Dear me, sir, do you think she could have taken it from her husband?" She then, for the first time, informed me, that some weeks before leaving home, to come to town for her confinement, her husband had a severe attack of erysipelas, during which she had assiduously nurse-tended him. Immediately on the appearance of the erysipelas on the feet, the abdominal symptoms began to decline, and, after two or three days, ceased to exist. I cannot but believe that this lady caught the infection from her husband during her close attendance on him, that it remained in abeyance until gestation was over, and was then developed. She recovered well.

It is, I believe, a matter of common observation, that when women who have been laboring under certain forms of disease happen to conceive, the morbid affection previously existing is oftentimes either greatly mitigated, checked, or even altogether suspended for a time, as has been frequently observed in persons affected with phthisis; though I must add that the influence of pregnancy in cases of phthisis is a question on which a variety of discordant opinions has been given by high authorities. Andral's conclusion, from his latest observations, is "that in the great majority of cases the symptoms of phthisis are suspended, or at least remain stationary during the course of pregnancy."

Louis says he is not "in a condition to determine whether pregnancy is, or is not capable of retarding the progress of phthisis," but he suggests that the fact might be, that several of the symptoms become somewhat more obscure during pregnancy, without any check being in reality given to the advance of the disease. My own experience would lead me to the conclusion, that if a woman predisposed to phthisis, but in whom the disease has not actually become developed, prove pregnant, she is likely to be benefitted thereby; and I think I have seen life thus prolonged, for years, in several instances; but, on the other hand, if pregnancy takes place in a woman already actually in consumption, or if this disease supervene on pregnancy, the fatal issue is as likely to be accelerated as postponed, or, perhaps, even more so.—*Dublin Quarterly Jour. Med. Sci.*

BRITISH MORTALITY IN ENGLAND AND THE CRIMEA.—If all the deaths of British soldiers in the Crimea during the last three months were added to the deaths in England, the sum would be less by some twenty thousand than the deaths registered in England during the three summer months of 1854. In fact, it results from the Report of the Registrar General, for the Quarter ending September, 1855, that the summer months of the present year have been unusually favorable as regards health, notwithstanding the undoubted disadvantage under which the poor have suffered in respect to the price of provisions. The causes assigned for the improvement in the public health, by the District Registrars, are various, but they are quite in unison in respect to the inestimable advantages accruing from sanitary improvements. The deaths in the summer quarters of the five years 1851–55 were as follows:—

1851.	1852.	1853.	1854.	1855.
91,499	100,382	92,201	113,939	87,934

It is a curious circumstance, in reference to the means of livelihood of the people, that while in the interval of two years the price of wheat has risen 48 per cent., and that of beef 15 per cent., there has been a fall of 37 per cent. in the price of potatoes, an article of large consumption among all classes, and which has operated as a set-off against the high price of other articles; thus, perhaps, partly accounting for the fact that the public health is better than in the summer of 1853. In reference to the Meteorology of the quarter, Mr Glaisher reports that the departures from the average values of the temperature have in no cases been large during the quarter, and that other subjects of investigation have been about their average. Such being the facts of the case, it remains only that, eschewing the insignificant few who, for peculiar reasons, are *sans* olfactories, we steadily pursue the work of sanitary reform, having confidence in the aphorism, "*Aide-toi, et le Ciel t'aidera.*"—*London Medical Times.* .

Duration of Life.

	Yrs.	Mos.
The average age of all alive above 15, in America, is	33	6
The average age of all alive above 15, in England and Wales, is	37	5
The average age of all above 20 years, in America, is	37	7
In the whole of England, the average of all above 20 years, is	41	1

"These statements are important, and, coming from a man so eminent for the ability and knowledge he has displayed on this subject, deserve serious consideration.

"It is the prevailing opinion among us, that no people in the world are more healthy than ourselves; but if the above statements are true, this opinion is erroneous.

"In one of the Massachusetts Reports, is a compilation showing the mean duration of life in several places in Europe; also, in Massachusetts. From this it appears, that while a child has a chance of living 45 years in Surrey (one of the healthiest districts in England) it has a chance of living only 25 years in Liverpool, and 28.15 years in Massachusetts—showing a difference between the two first of 19.6 years: in other words, life is but five-ninths as long in Liverpool as in Surrey. Yet before the facts developed by the registration system were known, it was asserted by one of the most accurate writers in England, that the great increase in the town of Liverpool was owing *to the salubrity of the air*, and the progressive improvement in trade, commerce, and steam navigation.

"If the above statement, as to the mean duration of life in Massachusetts, be correct (which is doubtful) it is as unhealthy as Liverpool and the most unhealthy districts of England. Facts as interesting and important may yet be developed in this State, in relation to our own towns and villages. We are becoming largely a manufacturing people, and take pains to ascertain the exact cost of every article made, in all its different parts, and its cost of transportation; yet we know nothing of the cost of life involved in its production."

BOOK NOTICES.

Letters to a Young Physician just entering upon Practice. By JAMES JACKSON, M. D., LL. D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge; Corresponding Member of the Academy of Medicine at Paris, &c., &c. Boston: Phillips, Sampson and Company. New York: J. C. Derby, 1855.

In the dedication to John C. Warren, the author explains the objects of the work, and the materials out of which it has been constructed. It was not designed to be a systematic work, "but," says the writer, "I thought it possible, availing myself of the form and license of letters, to give whatever useful thing experience could furnish." The book will be read with interest by the junior members of the profession, as containing the views of an old and eminent practitioner, untrammled by authors or the doctrines of the day.

There is but little discussion about theories, but a storehouse of valuable precepts and practical doctrines for the management of diseases. We make a few extracts which serve to show the style of the author. On page 67, in reference to the treatment of epilepsy, we find the following:—

"I believe that, in a certain proportion of the cases of epilepsy, the disease is susceptible of relief, so as not to return without the operation of some powerful cause. This relief is not to be attained by any medicine with which I am acquainted, but by diet. The diet, which I have directed with success, has been almost purely vegetable. I have directed an entire abstinence from flesh and fish, but have allowed the use of milk and butter, and occasionally of eggs. I have thought it necessary to use these last watchfully; that is, in moderate quantity, mixed with farinaceous substances, as in puddings, and at those times only when the health was at the best. I was led into the use of this diet gradually; I hardly remember by what steps. Under the use of it I have seen many recoveries; yet, in the larger proportion of cases, it has failed. But to this I must add, that I have not known an instance where the patient has ultimately recovered after trying this diet without success. Now, of the cases of which it has failed, probably every one employed various remedies, not only under my directions, but under that of others, and those, skilful physicians. Every medical man knows that in this dreadful disease, when long continued, the patient or his friends resort to every one who holds out a prospect of relief, whether he be a regular or an irregular practitioner.

"It is proper to add that, when directing this diet, I have also directed that every possible precaution should be taken to guard against fright, or agitation of mind, of any kind; against over-fatigue, excessive indulgence in food, and all other exciting causes. I will give one instance, in reference to this point, among several which I have known. A gentleman brought me his son, a boy about twelve years of age, whose health was good in other points, but in whom epilepsy occurred under its most certain character. This was in February. The gentleman lived in the country, and I did not see him till the next September. He then told me that his son had only one attack; and that in August, after an excessive indulgence in green apples. The apples were subsequently thrown off. This was nearly twenty years ago, and the patient has never had another attack."

On pages 167 and 168 we find the follwing, in reference to rheumatism:—

"*Rheumatism* is a very large box, and contains quite a variety of things; and these things do not all agree, either as to their material, or their form. This is conceded at once as to the acute and chronic. The acute disease, known as *rheumatic fever*, has a pretty distinct character; its form and pressure are such that a man, who has once endured them, does not easily forget them. If any good is to be done in this disease, it must be at the very beginning; just as I have endeavored to show about all diseases, especially such as are acute. The chance in this disease is not so good as in some others. Free evacuations and low diet from the first are, I think, certainly useful, though they do not jugulate the disease. But there is a natural relief in two or three weeks, and then, patient and doctor are too apt to think the disease is going away. Not so; if ever, very rarely. At this stage medicine will not do much, if anything; but care may do much. Not the care which keeps a man smothered up, such as to increase the excessive perspiration which belongs to the disease. Let the patient be as lightly covered as is consistent with his present comfort; that will be enough. But the care must be in avoiding any great effort of body or mind, in maintaining calmness and tranquility, and in moderate diet. Give enough milk and bread, or some other vegetable article, to support the patient; but withhold animal food. If the disease is not checked at the beginning, avoid all strong medicines, except opium for severe pain. Keep the bowels open, and be watchful as to diet. If anything has been useful in my hands *after the first few days of the disease*, it is the sulphate of quinia. This article, taken as freely as it is for intermittent fever, appears sometimes to arrest the disease. It is not, however, as certain as was believed by Dr. Haygarth in respect to the cinchona itself."

In the last letter, on the treatment of typhoid fever, Dr. Jackson gives the following statistics as to the effects of emetics, from which it would seem that this method of treatment if resorted to early in the disease, may diminish the mortality and hasten convalescence.

"Without going into all particulars, I will take what relates to the effects of emetics. This report was grounded on the cases of that disease in the hospital from 1822 to 1835, inclusive. From this it appears (pp. 7 and 8) that on a fair estimate there was one death in about eight cases.

Among those admitted to the hospital in the first two weeks of the disease, one hundred and fifty took emetics before or after admission; of these one hundred and fifty, thirteen died, being	1 in 11.53
In the same period eighty were admitted who did not take emetics; of these ten died, being	1 in 8.00

The difference is very striking. But of the one hundred and fifty who took emetics, some took them earlier and some later in the disease. It has been thought that the earlier this and other active and depletory remedies are administered, the greater the benefit. See how far this is confirmed by the same report.

Fifty-nine entered the first week of the disease, and took emetics in that week; four of these died, being	1 in 14.75
Thirty-one entered the same week, and did not take emetics; of these three died, being	1 in 10.33
Ninety-one entered the second week, and took emetics either before or after admission; of these nine died, being	1 in 10.11
Forty-eight entered the same week, and did not take emetics; of these seven died, being	1 in 6.85

The advantage was on the side of those, who took emetics; but more decided as to those who entered the first week, than as to those who entered the second. The last had not probably been so well nursed in the first week as the others, But also they had not on an average taken the emetic so early; and that, no doubt, made a difference in favor of those entering the first week. My own experience taught me long ago that emetics were most useful then within the first three days of the disease. This is confirmed by the hospital cases. It appears from the report that thirty-two patients took emetics within the first three days of the disease; of these one died, 1 in 32

Twenty-seven took emetics within the last four days of the first week; of these three died, being 1 in 6

Undoubtedly these last numbers, relative to those who took emetics in the last four days of the first week, are less favorable than would be found if the number was larger; for the proportion of deaths is greater than in those who entered the second week, and took emetics, and of whom the larger part, no doubt, took their emetics at a later period of the disease than the above twenty-seven.

If, now, we inquire what was the effect on the duration of the disease in those, who took emetics and recovered, it does not seem to have been much if anything to the advantage of those taking emetics later than the third day. But as to those who took emetics on either of the first three days the benefit is unequivocal.

Of those who took emetics on the first day of the disease, the average day of convalescence was the 14.66

Of those who took emetics on the second day, the average day of convalescence was the 15.32

Of those who took emetics on the third day, the average day of convalescence was the 16.46

While of those who took emetics on the fourth, fifth, and sixth days of the disease, and recovered, the average day of convalescence was the 19.45

It cannot surely be attributed to accident that these results were so favorable to those, who took emetics, among cases not selected but taken as they come, through many successive years."

J.

A Treatise on Epidemic Cholera. By HORATIO GATES JAMESON, Senr., M. D., Member of the Medical and Surgical Faculty of Maryland, &c., &c. Philadelphia: Lindsay & Blakiston, 1855.

The author believes that cholera is the product of a new combination of electricity—that the first impression is made upon the mucous membrane of the alimentary canal, a surface usually possessed of but little sensibility, but liable to diseased action, in which it becomes in the highest degree sensative and painful. The disturbance of the innervation of the parts gives rise to diarrhœas and dysentry in their epidemic form, or to true cholera, according to the impressibility of the membrane and the amount of irritation to which it is subjected. In these morbid conditions of the splanchnic nervous system, according to the author, "an innocent article taken into the stomach may give rise to cholera, which shall assume its highest intensity, as respects sufferings, in a few minutes." According to our experience, the first stages of cholera are not generally attended with pain, and by this fact the patients are lulled into a fancied security until a serious change in the fluids, and perhaps also of the solids of the body is effected, the evidence of which is felt in the severe muscular convulsions and depression of the organic life forces. The following is a summary of the treatment recommended in the body of the work :—

"The prelude to cholera is a fault of function in the abdominal viscera, as manifested in the epidemic diarrhœas that preceded cholera lethalis. What is the most rational indication? We say the most rational indication is to arrest the incubating tendencies, which is to be done by correcting the vicious secretions. But how is this to done?

"1st. The terminal nerves on the surface of the stomach are in a state of increased and morbid sensitiveness. Opium would seem to be the antidote here, but we find in the early stages, or mild cases, carminatives, as soda and sassafras, camphor, chloroform, cold water, ice, &c., will arrest the diarrhœa; and, this may be ascribed to these articles bringing the nervous influence, so to speak, to its senses; and doing its more normal part in the atomic, plastic, and eliminative functions, which are now brought into healthful play; and we have restored the secretion.

"2d. Whenever the nervous structures are highly sensitive, and there is agonizing pains about the præcordia, or violent or general spasms, we shall find the fault of function more deeply laid; and here we must combine our soothing agent with one that will influence the fault of assimilation in the atomics; for this purpose calomel and opium are the most reliable agents.

"3d. Is there profuse discharges upwards and downwards, which will speedily prostrate the general system,—four or five grains of opium, given according to the urgency of the case, at one, two, or three doses; never at longer intervals than one or two hours, if given at the commencement of the lethargic stage (as seen in listlessness, weak voice, indifference, &c.,) will arrest the diarrhœa, and we have now time to attend to the urinary secretion; and for this purpose eight or ten grain doses of nitrate pot. combined with five or ten grain doses of calomel, should there seem to be deep-laid atomic aberration.

"4th. Cases occur where, after eating, and sometimes from over exertions, &c., persons are brought into one blazing agony of suffering; here the lancet is the remedy; and, for its successful application, bleeding must be carried on till there is complete relief from pain, and a more florid appearance of the blood.

"5th. While internal remedies are employed, the application of hogslard will be found an important remedy; a cup of hot water can be carried to the bedside, with a small one in the water and the lard in a small cup, will be found a convenient way of applying it: the patient being wiped dry, is to be freely rubbed with the lard. We have elsewhere treated fully of the treatment of cholera, but we have thought proper to say thus much, by which we hope to show the reader that according to the different phases, stages, and circumstances, remedies are to be individually applied. But we have deemed it a special duty to advise, that, according to our observation and experience, seasons modify epidemic diseases; and, by especial attention to this truth, at the beginning of an epidemic, we may soon establish a preferable treatment, and then manage our case with comparative satisfaction to ourselves and to the greater safety of our patients.

"6th. The vast number of remedies that have obtained celebrity for the cure of cholera, and the readiness with which it is seen to yield to remedies, in its early stages; and, now and then in cases more profound, goes to establish the belief, that the predisposing cause is but a feeble poison; and, experience abundantly proves, that precautions, and mild prophylactics are much to be relied on.

"Dr. Rush once said to us, the reverse of *quod cito fit cito perit*, is true in medicine; but in the treatment of cholera lethalis, what we do, we must do quickly, or decomposition of the blood will lead to the grave."

J.

The Diseases of the Heart and the Aorta. By WM. STOKES, Regius Professor of Physic in the University of Dublin; author of the Treatment and Diagnosis of Diseases of the Chest, &c. Philadelphia: Lindsay & Blakiston, 1855.

We are under obligations to the publishers for the valuable work, the title of which is given above. It contains the opinions of the author, derived from an experience of more than a quarter of a century in reference to the rational application of cardiac pathology and physical diagnosis to practical medicine. To an abundance of material for prosecuting this branch of medical study, the author has brought an untiring industry, and a zeal for the developement of truth, honorable alike to the man and the profession.

The volume contains 710 pages, and will be found a valuable aid to the student and practitioner in the investigation and management of this class of diseases.

For sale by D. B. Cooke & Co., Chicago, Ill. J.

EDITORIAL.

Cook County Medical Society—Inhalation of Medicated Vapors, &c.

At the regular meeting of the Medical Society in this city, on the evening of the 5th inst., the subject of Inhalation as a remedy for diseases of the throat and lungs, was reported on by Dr. H. A. Johnson, and discussed by the members of the society. The report stated that remedies inhaled into the air passages were capable of a two-fold action, first by contact with the mucous membrane of the air passages and cells, and second by absorption into the mass of the circulating blood. That some medicinal substances were capable of entering rapidly into the blood through the pulmonary organs, was shown by the fact that when iodine was dissolved in chloroform and inhaled with atmospheric air for five minutes, the former substance had been detected in the urine passed fifteen minutes after. The report contained extracts from several recent articles and papers published in this country and Europe, concerning different methods of inhalation, and for different purposes. A German physician had used with apparent benefit the inhalation of iodine dissolved in chloroform, for consumptive patients. The chloroform will dissolve a large proportion of iodine; and the vapor is said to partake of the soothing or sedative qualities of the former coupled with the alterant effects of the latter; a combination of qualities well calculated to produce a favorable impression on some tubercular patients. Another foreign writer recommends the inhalation of chloroform alone, as a remedy of value in the treatment of pneumonia. He relates a case treated by the chloroform inhalations exclusively, which recovered in fourteen days. Dr. A. P. Merrill, of Tennessee, recommends strongly the inhalation of iodine vapor for the relief of asthma and chronic bronchitis.

His mode of using it, is to introduce the iodine in substance into a hollow reed or piece of cane, and fill the ends with fine wool; and then let the patient breathe through this. The warmth imparted by the hand which holds the cane and by the expired air induces a sufficiently rapid evaporation of the iodine, while the wool tends to equalize the temperature of the inhaled air before it reaches the lungs. A writer in the St. Louis *Medical and Surgical Journal*, recommends the use of opiate and narcotic inhalations for the relief of neuralgia, as more efficacious than remedies taken into the stomach. In concluding his report, Dr. Johnson, said, he had used inhalations of iodine sometimes alone, and sometimes with camphorated tincture of opium, in cases of chronic bronchial diseases, and with decided benefit. But he coincided with the opinion expressed by Dr. Henry Goadby, in a recent article published in the *Peninsular Journal*, that in true tubercular diseases of the lungs, all inhalations were nearly if not quite useless.

In the course of the discussion which followed the report, Dr. Bevan remarked that he had in his practice resorted to the inhalation of medicated vapors to a very limited extent only. He had a patient under treatment with tubercular disease of the lungs so far advanced as to present cavities of considerable size.

During the last four or five days he had directed the cautious inhalation of iodine vapor mixed with benzoic acid; and thus far it had lessened the amount of expectoration and palliated the symptoms. Dr. Varian thought that, in those cases of tubercular phthisis coupled with more or less pneumonic inflammation, the inhalation of chloroform might be beneficial, but not in such advanced cases as are accompanied by cavities and anemia. Dr. Kluber, thought the inhalation of chloroform more dangerous than the pneumonic inflammation for which it had been recommended. The general sentiment of the society, so far as could be gathered from the discussion, was that the inhalation of medicated vapors might be very servicable in many cases of chronic diseases of the fauces, larynx, and bronchial mucous membrane, but is at best only palliative in tubercular diseases of the lungs. It is to be hoped that the very general attention which has recently been given to this ancient method of treating affections of the respiratory organs, will result in some more definite and reliable rules in regard to the kind of substances to be used, and the particular classes of cases which they are calculated to benefit. After the discussion the society listened to a very interesting paper on hysteria, by Dr. Heydock, which we cannot analize at present.

Personal Observations and Cases.

We thought that we had been constantly giving in the pages of our *Journal* more of our own practice and observations than was either customary or modest. But a subscriber writes, requesting us to give *more* of the cases, medical and surgical, treated in the hospital, &c.—Desirous of acceding to every reasonable request, we give the following:—

CASE I.—*Warty Excrescences of the Labia:*—Miss A———, a native of France, aged about 20 years, was admitted into the female ward of the Mercy Hospital, in this city, early in October last. On examination I found her in apparently good health, with no evidence that I could find of previous syphilitic disease. But the whole exterior surface of both labia, was covered with a large mass of warty excrescences, presenting a pale red color, not sensitive to the touch, nor in any degree painful.

The bulk of the excrescences, together with the roughness, chafed the neighboring parts whenever the patient walked about, which kept up a slight erythematic redness of the vulva, with a little serous discharge. Besides the principal masses of warts on the labia, isolated ones projected from the skin, as far out as the upper and inner part of the thighs, and varying in size from a quarter to half an inch in length, with small pedicles. As the larger masses of excrescences could not be readily destroyed by caustics, I armed two or three suture needles with ligatures, and passing them through the base of the morbid growth, tied them in such directions as to include the greater part. Severe pain followed the tying of the ligatures, which was allayed somewhat by keeping the parts wet with a solution of morphine. At the end of three or four days much of the morbid growth included in the ligatures, had become dark colored, shriveled, and very offensive. I now took the scalpel and forceps, and not only finished the separation of the parts included in the ligatures, but also excised nearly all the more scattering or isolated excrescences. This gave rise to a pretty free hemorrhage; several arteries being large enough to throw a pulsating stream from the cut surface.

This was suppressed, however, without the use of ligatures, by applying freely pulverized mattics, aided by pressure with a large sponge for ten or fifteen minutes. During the next three days the parts were simply kept clean, and once a day wet with a solution of sulphate of iron ℈j. to the pint of water. The surface, wherever the warty growth had been completely removed, cicatrized rapidly and became covered with healthy skin; but in some places a little of the morbid growth remained, and the daily application of solution of sulphate of iron or copper served merely to prevent the renewal of its growth without causing it to disappear. I then directed an ointment, consisting of pulv. savine, 20 grs., acetate of copper, 20 grs., and simple cerate, ℥j., to be applied to the diseased parts once a day. Under the use of this she recovered completely, and was discharged at the end of the sixth week after her enterance into the hospital. During a part of the time she took iodide of potassa in doses of 5 grs., three times a day, with an occasional laxative to open the bowels. Two months have elapsed since her discharge and she remains well.

CASE II.—Mr. J. H., a German, aged about 25 years, was admitted to the medical wards of the Mercy Hospital Jan. 25th, 1856. He stated that he had been suffering more or less from intermittent fever, during the previous summer and autumn; that six weeks since he was attacked with acute pain in the right sub-auxiliary region, accompanied by fever, short cough, difficulty of breathing, &c. After a few days the dyspnœa became so much increased that he could not lie in a horizontal position, and the sense of fullness and oppression in the right side of the chest became very great. In about three weeks after the attack of pain in the side, the fever and all acute symptoms had much diminished, except the sense of fullness in the side and the dyspnœa. About that time the patient noticed a distinct swelling on the right side over the sixth and seventh ribs and directly below the axilla. This swelling continued slowly to increase, until his admission into the hospital, where he first came under my personal observation.

On examining him carefully before the class assembled for clinical instruction, I found his lips pale, skin sallow, considerable emaciation, pulse 100 per minute and small, tongue clean, but little thirst, bowels nearly natural, urine rather scanty, and high colored, inspiration short, with much greater motion of the left side of the chest than the right; some pain in the right side, increased by coughing or an effort to take a full inspiration; constant feeling of fulness in the right side of the chest, which is much increased by the horizontal position. Directly below the right axilla and over the fifth, sixth, and seventh ribs, there was a prominent swelling, moderately tender to the touch, and feeling firm and hard, except on its most prominent part over the spaces between the sixth and seventh ribs, where it was more yielding and elastic, but without distinct fluctuation. The intercostal spaces from the fourth rib downwards were full and bulging on the right side, but moderately depressed on the left. Percussion elicited a dull sound over the mammary, axillary, and sub-axillary regions of the right side, while over the left side the resonance was normal. No respiratory sound could be detected by auscultation in any part of the right side below the line of the fourth rib. Above that line and throughout the left side respiratory murmur was plain and very nearly normal. The patient had very little cough or expectoration, though there was a visibly increased febrile movement every afternoon and evening—and he could rest comfortably only on his back, with the head and shoulders elevated. The first question of importance in this case related to the *diagnosis*. Did the swelling of the right side originate from disease of the thoracic parieties, of the upper convex surface of the liver, or of the pleura.

The absence of signs of enlargement of the liver downward beneath the margin of the ribs; the absence of tenderness from percussion over its central portion; and the evidence of a healthy secretion in the intestinal evacuations, constitute, at least, negative evidence that the liver is not involved in the disease. On the other hand, the dulness on percussion over the whole lower part of the right side of the chest; the absence of respiratory sounds over the same region; the fulness of the intercostal spaces and enlargement of that side; together with the nature of the pain at the commencement of the attack, and the effect on the act of respiration, afford very positive evidence that the swelling is connected with something which has distended the pleura and compressed the right lung. There could be, therefore, but little hesitation in regarding the case as one of empyema, resulting from an attack of sub-acute pleurisy. To be further assured, however, concerning the contents of the tumor or external swelling, I punctured it with a grooved exploring needle. When the needle had entered about one inch, the resistance suddenly ceased as though it had entered a cavity; and on giving it a slight rotary motion two or three drops of pus escaped through the groove. After withdrawing the needle, I passed a small probe through the puncture, which first struck the upper margin of the rib; but on changing its direction a little, it passed readily into the chest, without resistance its whole length. I withdrew the probe, and ordered a poultice of linseed meal to the side, intending, the next day, to request the attending surgeon, Professor Brainard, to perform the operation of paracentisis thoracis in the usual manner. To lessen the general irritative fever, and remove the remaining inflammatory action in the pleura, I directed internally, a powder composed of pulv. doveri, 5 grs., sub-murias hydrarg. 2 grs., pulv. digitalis, 1 gr., to be given every six hours. On removing the poultice next day, I found that the small opening previously made by the exploring needle and the probe, had permitted a very slow but constant discharge of pus. Knowing that in many cases of this kind, the lung in its compressed state becomes bound down by adhesions so firm as to prevent its immediate expansion when the pus or fluid is evacuated, thereby leading to ultimate contraction of the affected side, it occurred to me that the present slow and constant discharge through the small opening would be more likely to give the lung time to expand in proportion as the fluid was evacuated, than if it were drawn off more rapidly by the usual operation.

Hence emollient poultices were continued on the side, and the same internal treatment continued. At the end of two days the small amount of mercurial medicine in his powders had began to effect his gums and salivary glands. The powders were discontinued, and in their place I directed the iodide of potassa, 5 grs., four times a day, and a mild nutritious diet.

In the meantime, the discharge of pus continued from the puncture in the side, amounting in quantity from two to four ounces in 24 hours. The sense of fulness in that side of the chest, and the difficulty of lying down in the recumbent posture, were diminished. The pulse also became slow, and the slight febrile irritation disappeared. He did not take the iodide of potassa more than three days before his bowels became loose, with frequent griping pains in the abdomen, requiring its omission and the use of anodynes in its place.

It is now about three weeks since the patient came under treatment, and the puncture was made in the tumor. The discharge of pus continues, but in very much smaller quantity and of a more healthy appearance; the right side has diminished in size; the intercostal spaces are less full; the dulness on percussion is less; and the respiratory murmur, though feeble, can be heard below the nipple and in the axilla. There are no febrile symptoms and no pains in the chest. Still the patient is debilitated, with some tendency to diarrhœa. Sufficient improvement has been made, however, to leave no doubt about his ultimate recovery.

CASE III.—*Direct Inguinal Hernia, Operation, &c.*—Jan. 26th, 1856; was called to visit Mrs. W———, aged about 35 years. Found her affected with severe pain in the abdomen, of a paroxysmal character, coupled with constipation of the bowels, some nausea, and slight general febrile action. The patient also complained of some tenderness in the right iliac region. She said she had been subject to such turns occasionally for several years; and attributed the present attack to the influence of cold and a long walk the day previous. Regarding the severe pains in the abdomen as spasmodic and dependent on some slight irritation in the intestines, I directed the following:

℞.	Sulph. Morph.,	2 grs.
	Sub. Murias Hydrarg.,	10 "
	White Sugar,	20 "

Mix, divide into four powders; one to be given every three hours, with fomentations over the abdomen. After the powders had been taken and the severe pain relieved, she was to take rochelle salts, in the form of effervescing draughts, until free evacuations were induced.

On the 27th, the pain was much less and the patient comparatively comfortable, though complaining of some nausea, and tenderness of the abdomen; but she had no movement of the bowels.

She also mentioned the existence of a swelling in the "right groin," which she said had existed six or seven years; but as she said it was hard, located in the groin, and had never receded or disappeared by pressure, or taking the recumbent posture, I did not insist on a direct examination, thinking it might be only an enlarged lymphatic gland. As she was suffering much less pain, and had rejected a part of the Rochelle salts, I directed the stomach to be left at rest, the fomentations to be continued over the abdomen, and the bowels to be moved, if possible, by laxative enemas. She followed these directions during this and the succeeding day, but with no other effect than the procurement of one or two slight fœcal discharges, not more, however, than would naturally have been retained in the lower part of the colon and rectum. I found her slightly everish, inclined to vomit up every thing she drank, considerable pain in the unbilical and right iliac regions, of a paroxysmal character, and still some tenderness of the abdomen.

I now deemed it prudent to examine carefully the tumor before mentioned as being in the groin. I found it occupying the right inguinal region; about four inches in its longest diameter; of a semi-elastic feel, and moderately tender to the touch.

It occupied the space directly in front and below the external inguinal ring, and was doubtless an irreducible inguinal hernia, of six or seven years duration. As the tumor was moderately tender, and had never been reduced since it first made its appearance, I did not deem it prudent to make more than moderate efforts at reduction by taxis. As the patient claimed to have been several times in the same condition in regard to the bowels, and yet by persevering efforts succeeded in obtaining relief by ordinary means, I was induced to delay recommending a resort to the usual surgical operation. To allay the severe paroxysmal pains in the abdomen, and at the same time powerfully dispose the bowels to move, I directed a weak infusion of tobacco with senna, to be used as an enema in sufficient quantity to distend the rectum; and to be repeated every two or three hours, if no undue prostration was induced by the tobacco. The stomach was too irritable to retain either medicine or drinks. By the cautious use of the tobacco enemas, the severe paroxysms of pain, together with the symptoms of inflammation, were kept so far under control as to prevent the development of any alarming symptoms for three days. On the morning of the 2nd of February, one week from the time she was taken sick, she expressed herself as feeling weak, and nauseated, but more as though she should have an evacuation from the bowels, than at any time previous.

As there was still not much tympanitic distention of the abdomen, nor indications of inflammation, I ventured to administer a single dose of active cathartic medicine, to be followed in two hours by another tobacco enema of sufficient strength to produce decided relaxation of the system.—At evening of the same day, I found the patient had rejected the cathartic administered in the morning; and instead of procuring an evacuation from the bowels, it had much increased the pain in the abdomen, accompanied by constant nausea, with a distressing sense of heat in the stomach; a quicker pulse, and more tenderness both in the hernial tumor and the neighboring region. Being satisfied that any further attempts to procure foecal discharges, without first removing the stricture from the neck of the hernial sac, would be dangerous to the patient, I directed half a grain of morphine to be given at intervals of two or three hours to allay pain and procure rest during the night; and sent a request to my colleague, Professor BRAINARD, to meet me prepared to operate for strangulated hernia, the following morning at eight o'clock. At the hour appointed we found the patient quiet, had slept a little during the night, her abdomen not tympanitic and only slightly tender to pressure, the pulse 100 per minute and soft, the skin of the natural temperature, but the stomach too irritable to retain either drinks or nourishment. It had now been one week since any foecal discharges had been procured. Prof. BRAINARD fully coinciding with me in regard to the existence of a strangulated hernia, and the necessity for obtaining speedy relief, he proceeded at once to the usual operation. After a few minutes inhalation the patient passed pretty fully under the influence of ether, and he made an incision through the skin in the direction of the longitudinal diameter of the tumor. The several layers of cellular tissue and facia were raised on the grooved director and laid open, bringing the peritoneal portion of the sac fully into view. It appeared somewhat ecchymosed, and was quite irregular in shape; one lobe extending downward towards Poupart's ligament, and another downward and inward towards the Labia Pudendum. On puncturing the sac, and laying it open over the director, a little serous fluid escaped, but the larger part of its contents was found to be omentum, not unnatural in its appearance, but of a temperature considerably less than the other structures. Accompanying the omentum was a loop of intestine distended with foeces, but without any decided appearances of either inflammation or gangrene. By a careful examination, Prof. BRAINARD found the hernia to have been *direct*, with the artery passing close along the outer margin of the opening. He consequently made the incision necessary for enlarging the opening, in the direction upwards and inwards, and returned both the loop of intestine and the protruding portion of omentum into the abdomen. The external wound was then closed with three sutenes or stitepcs, the middle one of which was inserted deep enough to include the inner edges of the opening. The anesthetic effects of the ether passed away quickly, and the operation was found to have produced but a slight degree of general depression. As no nourishment had been retained on the stomach during the last six days, she was directed to take beef-tea in doses of one table-spoonful every half hour, and if no discharge from the bowels occurred before the end of four hours, an enema of warm water was to be administered. In a few hours, foecal discharges occurred, but only moderate in quantity, accompanied by little pain. The nausea and vomiting also ceased, and the patient continued to progress favorably until the morning of the third day. She was then found to be restless, feverish, very thirsty, pulse 110 per minute, abdomen moderately distended, with a great feeling of tenderness and sense of tension in the right inguinal region. There was little or no discharge from the wound, the edges of which were somewhat swollen and tender. Apprehending the rapid development of peritoneal inflammation, I directed the following:

℞. Sub. Murias., Hydrarg.,	12 grs.
Sulph. Morph.,	2 grs.
Bi Carb. Soda,	20 grs.

Mix, divide into 4 powders; one to be taken every two hours, and to be followed by an enema of castor oil, with oil of turpentine.

During the day, Professor BRAINARD called and cut the sutures, which considerably relieved the sense of tension and pain in the part. On the following day, the fourth after the operation, the symptoms were again much improved. The patient was less restless, less fulness and pain in the abdomen, pulse only 90 per minute, and the bowels had been moved during the preceding night freely, the foecal discharges being dark colored, lumpy, and offensive.

There was also considerable purulent discharge from the external wound. She was troubled with a slight, but annoying cough, for which I directed a mixture of compound honey of squills one part and camphorated tinct. of opium three parts, a tea-spoonful every three or four hours. The stomach remained quiet and she continued to take animal broth for nourishment.

During the fifth and sixth days after the operation, the discharge of matter from the external wound was very much increased, and extremely offensive to the smell. The pus was thin, of a dark brown color, and copiously intermixed with large globules of oil.

On the sixth day several tough pieces of gangrenous tissue presented themselves at the external opening, and were partially removed by Prof. BRAINARD. The remainder of these were discharged with the offensive matter during the following night.

During these two days the discharges from the bowels were too frequent and thin, but not otherwise unhealthy, and her general symptoms remained favorable. To lessen the offensiveness of the purulent discharge, a wash of liquid chloride of soda was directed, and the bowels were restrained by an emulsion of oil of turpentine and tinct. of opium. The pieces of gangrenous tissue discharged were evidently a part of the omentum which had been previously strangulated in the hernial sac. On the eighth day after the operation, the purulent discharge was less copious and offensive, the bowels were less disposed to move frequently, and the patient felt much more comfortable. From this time the discharge daily diminished, the bowels became more regular, the appetite became good; and at this time, Feb. 22d, she is nearly well.

I trust these cases will satisfy our subscriber for this time.

Public Commencement of Rush Medical College.

The closing exercises of the Thirteenth Annual Session of Rush Medical College in this city, took place on Wednesday evening, the 20th of February. The Metropolitan Hall was well filled with an attentive audience. The Degree of Doctor of Medicine was conferred on 42 members of the class; the *ad-eundem* degree, on Dr. JOSEPH HENDERSON, of Knox Co., Ill.'; and the Honorary Degree, on Dr. M. M. LATTA, of Goshen, Indiana. An interesting valedictory address was delivered by Prof. W. B. HERRICK. His subject was the History of Medicine, and was listened to with marked attention. After the address, the graduates, students, alumni, and invited guests repaired to the Briggs House, and partook of an elegant collation, accompanied by a season of high social enjoyment, which will not be soon forgotten. The whole number of Matriculants, during the college term just closed, was 150. The following are the names of the graduating class:—

John E. Deming, North Oxford, Mich.
Samuel Griffith, Moundsville, Ill.
Robert Hitt, Mt. Morris, Ill.
Hamilton C. Daniels, Naperville, Ill.
Daniel McM. Marshall, Hopper's Mills, Ill.
Joseph M. Williamson, Lovington, Ill.
Amzi B. Cary, Greenbush, Wis.
Alexander A. Lodge, Hitesville, Ind.
Meredith C. Archer, Young, Wis.
J. Milton Barlow, Bell Air, Ill.
John R. Robson, New Harmony, Ind.
Francis Ronalds, Evansville, Ind.
Horace Wardner, Chicago, Ill.
Thos. C. McGee, Winchester, Va.
Robert Winton, Wheeling, Va.
Edwin Gaylord, Magnolia, Ill.
William H. Philips, Kenton, Ohio.
James P. Graham, Clermont, Ind.
William F. Green, Shelbyville, Ind.
James W. Green, Burlington, Iowa.
James L. Crain, Urbana, Ill.
A. Jackson Crain, Urbana, Ill.
Zephaniah H. Madden, Clinton, Ill.
Lucien L. Leeds, Lincoln, Ill.
Benj. G. Neal, Columbus City, Ia.
Benj. S. Lewis, Marion, Ill.
David La Count, Manitowoc, Wis.
William A. Gordon, Hanson, Wis.
Edward W. Boothe, Vandalia, Ill.
David T. Kyner, Springfield, Ill.
Francis M. Constant, Mexico, Ind.
Roswell Eaton, Delavan, Wis.
Daniel Bowers, Hardensville, Ill.

John J. Everhard, LaCote St. Marie, Wis.
George W. Kittell, Sherbon, Ill.
John W. F. Clawges, La Harp, Ill.
Henry W. Kreider, Fairview, Ill.
Bailey Ragon, Green Bush, Ill.
David W. Carley, Shullsburg, Wis.
Lee Smith, Hudson, Ill.
Almon C. Buffum, Chicago, Ill.

Annual Meeting of the American Medical Association.

The next Annual Meeting of the Association is to be held in Detroit, commencing on the first Tuesday in May. We trust this will be borne in mind, more especially by the physicians of the North-west. Every regular organized state, county, or district medical society is entitled to send one delegate to every 10 of its members. If there are any societies in this or the adjoining states, whose delegates are not already selected, such selection should be made as early as possible, and the names of the delegates forwarded to Dr. WM. BODIE, of Detroit, one of the secretaries of the association. The approaching annual meeting will doubtless be one of as much interest and importance as any that have preceded it, in its scientific and business relations. But whether the NUMBER in attendance shall be equal to former occasions, will depend very much on the profession of Michigan and the states immediately surrounding her. We trust, therefore, tha ta just local pride or emulation will stir up our professional brethren, throughout the North-west, and cause them to extend their social organizations, and see to it that such delegates are appointed as will attend the approaching meeting.

More Medical Journals.

We have received the first two numbers, (January and February,) of the "*Cincinnati Medical Observer;*" a monthly journal of 48 pages, edited by GEORGE B. MENDENHALL, M.D., JOHN A. MURPHY, M.D., and EDWARD B. STEVENS, M.D. The two first named are Professors in the Miami Medical College, and the last is the *publisher*, to whom all communications should be addressed. The number of the journal for February contains a very fair engraved likeness of the late Dr. DANIEL DRAKE.

Change of Form.

Nelson's Northern Lancet, which was formerly a monthly medical journal, has been changed to a *weekly* issue, but it remains under the same editorial management.

We have now three *weekly* medical journals in the United States, viz: The "*Boston Medical and Surgical Journal*," the "*The Medical Councelor*," Columbus, Ohio, and the "*Northern Lancet*."

Treatment of Erysipelas.

M. VELPEAU gives the results of his treatment of 1000 cases of Erysipelas. He places the greatest reliance in *iron*. He employs the *proto-sulphate of iron* in solution, about twelve grains to the ounce of water—or as an ointment, eight parts to thirty of lard. In forty cases, in which this was exclusively used, the erysipelas yielded in from twenty-four to forty-eight hours. The ointment is more easily employed to some parts than the lotion, but is somewhat less efficacious. It should be applied about three times a day. The lotion should be applied by soft compresses or cloths kept constantly moist.—*Bull. de Therap.*

Pustular Eruption of the Skin from the Internal use of Tartar Emetic.

Dr. BOISLINIERE relates in the St. Louis *Med. and Surg. Journal*, a few cases in which emetic tartar administered internally in cases of pneumonia, produced its characteristic pustules upon the skin. He infers from this that when used for pneumonia its beneficial effects are due to its absorption and elective or *specific* action on the mucous membrane of the lungs, which *in certain cases* extends itself to the skin, by virtue of the continuity of tissue between it and the mucous membrane of the lungs.

To prevent Gangrene from Cold.

A writer in the *London Lancet* calls attention to the fact that the Russian peasantry often rub their feet with tallow and oil to prevent the effects of cold and the statement of a French surgeon that the soldiers who rubbed their noses and ears with *goose fat* were not frost-bitten. The writer had observed, that birds much exposed to cold, had a layer of fat under the skin. He gives this advice in regard to the feet, for those that are to be much exposed to intense cold—" Rub the feet with fat or oil, then cover with wash-leather socks, and over these the ordinary worsted or woolen socks," to which we would add thick leather boots, well saturated with tallow.

A Doctor's Life. By an M.D., of Alna Mich.

The following are some of the sweets of a Dr.'s life. If he visits a few of his customers when they are well, it is to get his dinner; if he don't do so, it is because he cares more about the fleece than the flock. If he goes to church regularly, it is because he has nothing else to do; if he don't go, it is because he has no respect for the Sabbath or religion. If he speaks to a poor person, he keeps bad company; if he passes them by, he is a better man than other folks. If he has a good carriage, he is extravagant; if he uses a poor one, on the score of economy, he is deficient in necessary pride. If he makes parties, it is to soft-soap the people to get their money; if he don't make them, he is afraid of a *cent!* If his horse is fat, it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make the people think somebody is very sick; if he drives slow, he has no interest in the welfare of his patients. If he dresses neat, he is proud; if he does not, he is wanting in self-respect. If he works on the land, he is fit for nothing but a farmer; if he don't work, it is because he is too lazy to be anything. If he talks much, "we don't want a Dr. to tell everything he knows;" if he don't talk, "*we like to see a Dr. social.*" If he says anything about politics, he had better let it alone; if he don't say anything about it, " we like to see a man show his colors." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he says anything about religion, he is a hypocrite; if he don't, he is an infidel. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudices of the people to fill his pockets; if he don't use them, it is from professional selfishness. If he is in the habit of having counsel often, it is because he knows nothing; if he objects to having it, on the ground that he understands his own business, he is afraid of exposing his ignorance to his superiors. If he gets pay for one-half his services, he has the reputation of being a *great manager!* Who wouldn't be an M. D.?

Nashville Jour. of Med. and Surgery, Oct. 1855.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. MARCH, 1856. NO. . 3

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Valedictory Address before the Aesculapian Society, at Charleston, Ill., Nov. 28th*, 1855. By Thos. D. Washburn, M.D., of Lawrenceville, Ill.

It has been customary and the Constitution makes it obligatory for the presiding officer, to close his official term with an address to the society.

In obedience to this requisition, I appear before you, not in the capacity of a public speaker so much as an humble individual of a noble profession, to give utterance to those sentiments which I trust will find a cordial response in every bosom.

I shall not invite your attention to the subtilties of our profession; nor shall I lead you into the mazy labyrinths of medical science—its theories and dogmas I shall studiously avoid.

I leave these matters to those who have more elegant leisure: to the fathers of the profession, who have more ease and affluence, by their genius and industry, and retiring on their laurels, are ready to vindicate and elucidate abstruse views or favorite theories.

I shall only aim to present a few *practical* items, suggested, mainly, by our *present position*, and the relative duties which grow out of it.

Crowded as we have been the past season, with endless business, and worn down with watching and fatigue, you can but expect from me a meagre, detached, desultory, and almost agueish effort.

It affords me great pleasure, however, to meet so many of my brethren and fellow citizens, to enjoy that social intercourse, and interchange of sentiment and sympathy, which has a meaning and intensity among ourselves, that no other brotherhood, united by natural or artificial ties, can either approximate or appreciate.

From the earliest ages, so far back as history gives us any record, some of the human family have been devoted to the care of the sick and the cure of disease.

Prominent and more exclusive at first, were an order of men set apart to minister in *divine* things, and teach the people the worship of a true or false God. For awhile medicine was associated with these, but in the course of human events they became separate, and from that time to this, centuries ago, the *Physician* has had a name and a place distinct and apart from the Priest! Nor need we be ashamed of our origin or association, for with them, the priests, were the highest attainments in knowledge, science, and literature.

Since these bonds were severed, the Physician has been a name the people delighted to honor. He has been made the companion of Kings and learned men, and while he entered alike the palace and the hovel, he has received the most flattering homage and the most considerate regard.

Such has been the condition of the physician in most of the kingdoms of the Old World, and such it continues to be at the present day; true, high professional attainments are required, and the student must consume time and money and labor, before he can pass the rigid ordeal that confers a degree, but having accomplished this, he stands upon the broad platform of professional competency, and takes position among the wise and great who have preceded him. The sovereignty of law protects him in his business and shuts out those not properly qualified. Every avenue of professional distinction is open before him; while the prospect of affluence and reputation stimulate him to that attention to business which insures success, without being annoyed by the intrigues of base pretenders, or outstripped by ignorance and conniving. Such is a hasty glance at the position of the profession in foreign countries. How is it in our own?

At first the older States, under the influence of home education and example, were pleased to restrict the practice of medicine and surgery to those only, who could sustain a fair examination, or present the proper credentials from some well regulated and chartered Institution. But Young America, not willing to be bound to her mother's apron string! and having a little hereditary distaste for anything that curtailed the greatest liberty, abrogated most of these restrictions,—threw the doors wide open to the quack, the knave, and the ignoramus, invited the learned and unlearned to meet on a common level, and forced science and acquired skill to cope with sophistry, unprincipled cunning, and barefaced impudence; giving the untaught multitude the chances of life or death, guided mainly by human instinct, for that judgment which is formed by mere external appearances is as fallacious as the dreams of boyhood, and deserves no higher name than instinct.

Even at the present time, while the regular practitioners are endeavoring to raise the standard of professional excellence, protracting the course of study, and enforcing more rigid scrutiny in their examinations, charlatanry addresses every phase of society with brazen assurance, and seizing on some popular prejudice, or adopting some favorite appellation, without science, skill, or knowledge, they engross public favor, and make their way to the prejudices and purses of their patrons, secure the influence of good men and honored citizens, while modest, but genuine merit, too often goes unrewarded.

I know there is a popular notion abroad, that "every thing finds its proper level," and so it does, as a general thing, in older communities among intelligent masses, but any one that will examine the history of the West, and scan its rise and progress for the last twenty-five years, will abandon this idea. A country made up of a most heterogeneous compound of all tongues, and nations, and languages, learned and unlearned, many grossly ignorant, and thousands wantonly superstitious, the most credulous and the most skeptical, they become the fit tools for demagogues, political, medical, and religious, blown about by every wind of doctrine, they were as unstable as water, and ripe subjects for quackery and empiricism.

But a brighter day is dawning—with a rich soil, and a rapidly increasing population, with eminent commercial facilities, a better class of emigration, a speedy transit for travel or produce, a high tone of morals, a higher standard of education, and the vast diffusion of knowledge among the masses. The times are passing by, when a barrel of whisky will place a man in the halls of legislation, or the tongue of medical pretention assume the dignity and position of science.

But to define the relative position of the two great classes of medical practitioners of the present day, allow me to draw a parallel by presenting a medical student from each—take a *medium* case if you please—and look *first* on this side and *then* on that!

At the outset, the student of medical science selects a physician of good reputation, with the best library and the most facilities for acquiring a knowledge of his profession. He takes up the subject of anatomy, and one by one he gains a knowledge of the bones, their size, shape, position, uses, &c. He clothes them with muscles, and ascertains the situation and relation of the nerves, the arteries, and the veins; with still deeper interest he studies the internal viscera, the vital organs, and learns their charactér, use, and locality.

He then applies himself to physiology, learns the laws of life, the functions of the different glands and organs of the body, their dependence and connexion with each other, and their relation to external objects. Having found their condition in a *healthy* state, he next seeks pathology, and learns the condition of these various organs in a *diseased* state, a knowledge of which is highly important, for the successful treatment of disease.

Chemistry comes in here to solve many of the processes and operations which he will witness, and he seizes with avidity upon its teachings, and makes himself master of a thousand processes which before were inexplicable. He acquires a knowledge of the elements of matter, their action and reaction on each other, and while it is brought to bear on the living organism, his acquaintance with physiology will not allow him to overlook the great *vital principle* which overrules and controls all other agents in the human system. Dismissing chemistry, he now enters upon the study of materia-medica and therapeutics, and here he dwells long and laboriously to master the various agencies which are presented for controlling and modifying disease. Their nature and combination must be known, to act efficiently against the arch enemy of mankind, disease and death.

Having laid the foundation, he begins now to build up the superstructure, by coning over the best living and dead authorities on theory and practice, surgery, midwifery, diseases of women and children, &c., &c.; his mind, disciplined by study and reflection, his judgment matured, his memory quickened, he wanders from author to author, devouring, digesting, and elaborating knowledge; interested and delighted, he casts about for more food to supply the never satisfied mind; he makes his way to the city, and enters the Hospital, the Infirmary, and the Lecture Room, and draws huge draughts from the fountains of living knowledge; his erroneous views are eradicated, his various acquirements systematized, his professional zeal excited, and he leaves his *alma mater*, furnished and prepared to enter upon his glorious mission.

But the student of medical quackery, pregnant with the idea that greatness sleeps within him, and the world is suffering for want of its speedy development, bursts his shell of obscurity, picks up a Thompsonian practice—reads a few water-cure journals, loafs a few weeks in an empiric's office, is told that lobelia, red-pepper, dog-wood, and pleurisy root were almost the sole agencies used by the ancients to combat disease, and that the Indians are the great depository of all the medical wisdom of past ages; that all minerals are deadly poisons, and that the whole vegetable creation is perfectly harmless. Thus equipped, he starts out on his mission of charlatanry with brazen arrogance, regardless of moral as well as physical laws, he puts forth his assumed title and malicious hand bill, (the finger-board to death,) and boldly commences the treatment of the most complicated diseases; ignorant of the human system, and ignorant of the agencies with which he operates. Case after case proves fatal, and yet he still persists, till calloused in hardihood, he can number scores that reason and conscience thunder in his ears have fallen victims to his slaughtering treatment.

But the prefix of "Doctor" protects him from violent hands. Ashamed to yield, he removes his residence to some other field and renews the attack with redoubled vigor. He assures the public, that he has examined both systems, that the old one is crumbling to decay, but *his* system is the only one rational and perfect, that he never lost a patient, and no one need die that will send for him in proper season; in fact, there is no end to his arrogant assumption, and he bewilders some and converts others to his theorics and vagaries.

Such is an imperfect but true sketch of many we have to contend with in our professional career, bereft of all the rules of propriety, they seek out our patients in our absence, undermine our influence, work upon the fears and hopes of the feeble and diseased, till they succumb occasionally to their infernal devices, and perhaps pay the penalty with their lives.

Such is the position of regular medicine in regard to quackery.

And why not more successful in sweeping it into chaos and oblivion? Because we have no laws to prevent quacks assuming our legitimate name, nor the community any law to protect themselves from their barbarous and cruel invasion.

We have laws to protect men in the enjoyment of their property, but no laws to protect them in the enjoyment of their health, even when Providence is disposed to grant them such a boon. We have laws to guard against swindling and fraud, against poisoned meats and unwholesome drinks, against moral and criminal outrage, but nothing on the statute to prevent one destroying health, sapping and undermining the system by slow but certain poison, and gradually sinking them into an untimely grave, provided it is accomplished medically.

Myriad quacks may swarm and cover the land, they may swindle and deceive the public, and rob them of their houses and lands, their gold and silver, and their cattle, by incompetent knowledge of medical science, but it is borne submissively, while the poor destitute laborer, whose necessities force him to snatch a loaf of bread, or steal a few farthings to procure the same, is hurried off to the penitentiary.

The law demands requisite qualifications in those who instruct our youth in the simple elements of education; while the variest simpleton, who can neither read or write, is allowed to drug and poison whole families and communities.

Lawyers must have a good knowledge of their profession, and be able to sustain a fair examination before they can enter upon business and appear at the bar; but physicians are held accountable at no bar, not even at the bar of public opinion. Alas! how awful and solemn will be the acconnt that many will have to render at the Bar of the Almighty! It is painful to follow this theme and realise how callous public sentiment is to a just appreciation of right in regard to these matters. But the *evil* exists, and the question arises, what shall be done to remove it? The language of denunciation is not the proper remedy. It must be reasoned down, lectured down, wrote down, and legislated down.

Let us canvass the subject, and not fear to meet any of the prejudicies which may exist against our own system. Let us publish and scatter broadcast proper views on the subject of medicine. While the press teems with nostrums and specifics, and quack advertisements of the most rediculous and absurd character, let us devote at least one column in every family newspaper to subjects and matters connected with medical science. If we occupy the right position, why not defend it? Let us no longer hide our light under a bushel. Throw your technical and Latin terms away when you talk to the popular mind; you will be none the less respected, and they are not essential to professional salvation. Let us insist that physiology be more thoroughly and extensively taught in our schools, take the trouble to go in and examine the classes yourselves, and see that it is made interesting, not repulsive.

Demand of our State legislature that all nostrums, specifics, and patents be labeled with the proper English names of their ingredients. Let a petition to this effect be circulated, and if you will use half your influence, half the people of the State will sign it, and it will become a law, and then Horatio's trade is gone.

Bring before the American Medical Association the necessity and propriety of Congress repealing all laws recognizing the existence of patents in anything connected with the profession, medical or surgical. It is an infringement on our rights, derogatory to our character, and holding out a false impression to the world. Let it be blotted from the statute book.

Our duty to *pretenders* then, is, while we come out and be separate, stand aloof and touch not the unclean thing, to attack not so much the *men* as the *system;* true it would be well, from time to time, to publish instances of gross misconduct and flagrant violations of all science and common sense, which are constantly occurring under our own observation; perhaps in some cases give individual examples of the history, acquirements, and habits of notorious quacks, but in the main, let us direct our batteries to the *measures* and *principles* which they advocate, as well as the general incompetency of those who attempt to carry them out.

It is good to be zealously affected in a good cause. Many of the evils, gentlemen, which we have to contend with, have arisen from our own negligence or false modesty. Let us arouse from our lethargy and proclaim upon the house tops, if need be, the dangers of the hydra-headed system of quackery. Expose its cloven foot, and let the light of truth shine with such dazling rays upon its treachery and baseness, that the most unskilled and common mind may behold its deformity, then *one* shall chase a thousand, and *two* put ten thousand to flight.

But we have duties which we owe to ourselves and one another, which should not be overlooked or neglected. Our excellent code of medical ethics points out the great landmarks which should guide us in our various relations. Let it be studied, till we can master both the letter and the spirit which is found there; but there are other items not specified which must not be disregarded.

We owe it to ourselves to keep faithful watch that incompe tence enter not our own borders. We should keep posted up with the medical progress of the age—to do this, requires not only that we *take*, but that we *read* at least one or two medical journals. We should be fully equipped with the various therapeutic agents; it is a shame to be constantly substituting one remedy for another—it is an outrage on our patient and an injury to ourselves to indulge in this liberty to any extent.

Brethren, it is the great opprobrium of the profession that we do not "Love one another" any too well. I acknowledge it with shame.

The low, selfish, sordid principles which rule among the ignorant and vicious; the querulous competition which is exhibited by picayune tradesmen, shop boys, and hucksters, has no business or right in our ranks. The trite old adage that "two of a trade do not agree," ought never to have been breathed in allusion to ourselves.

I know that conflicting interests will arise. Our habits and temperaments are so diverse, our prejudices so strong that two cannot always walk together, but often the most trivial matter has separated those who should be friends. We are, as a profession, to sensitive in regard to points of etiquette, dignity, and reputation, and, if the truth was told, we shall find that the Almighty Dollar plays no small figure in these defections.

The elder, grown old in the affections of his faithful patrons, and somewhat indolent and careless from his continued labors and increasing cares, is taken off his guard, and speaks harshly at times when some youthful aspirant locates near the old homestead, and begins to encroach on what he considers his legitmate domain; the younger, poor but spirited, stands on his reserved rights, and stung to the quick by some unkind word or treatment, at once becomes alienated. These things ought not to be. Fortunately these social gatherings which we are permitted to enjoy to-day, the influence of associations, the workings of these local societies, which are steadily increasing, will do very much to remedy these evils, we trust, effect a radical cure.

Changing the topic, (for family failings ought not to be exposed to the public gaze,) it becomes us, as physicians, to forewarn and forearm community and individuals against danger and disease; to instruct them publicly and privately in regard to preventing the access of disease, the influence of sudden changes in the temperature, and the necessity of adapting their clothing to the same; the influence of miasma—the depressing nature of fear and panic—the genial influence of bathing, and the counteracting agency of cleanliness in warding off contagion, cholera, &c. These, and a thousand other individual and general causes, which the true physician is able to detect, demand his attention and should receive his notice.

But above all, we owe it to ourselves and community, to be devoted to our profession, to yield to no depression or fears, or anxieties, to no temptations which poverty may urge, or want of appreciation suggest; but labor and study to meet every exigency, and with an eye steadily fixed on ultimate success, indifferent to calumny and unbiased by praise, patient, but vigalant, ever at our post, let us shun the *evil* and the *good* pursue, for

> "The evil men do lives after them,
> The good is oft interred with their bodies."

Let professional excellence be our "*motto*," and if the present do not appreciate it, perhaps posterity may.

Our obligations to the learned professions are of a mutual character; we stand on a common platform, our literary acquirements are near the same, we grew up school-mates, class-mates, and room-mates, from the common school to the academy, and to the close of our collegiate course, when we separate and each pursues the profession of his choice. To the Bible we owe the high position we occupy as a nation, and those who faithfully expound its doctrines, and preach the pure gospel of revelation, demand our love, respect, and admiration; we should sustain them by our influence and hearty co-operation.

The law, too, is a profession as indispensable to keep the machinery of society in proper order and motion, as either or all others. They are our compeers, and from them, to a large extent, we look for our highest state and national officers. They, more than any *one* class, control our elections, our legislation, and our judicial decisions.

Each profession has its own peculiar sphere and is as essential to the body politic as the hand, or arm, or foot is essential to the physical frame.

There is a community of interest, and there should be a community of feeling, existing among all the learned classes of society. To a large degree they create the tone of society on the moral, soçial, political, and religious questions of the day; and posterity will hold them responsible for their healthy or diseased condition. As members of a sister profession, let us frankly and cheerfully concede to them all their personal rights and professional privileges, and as "love begets love," we may fondly hope the day is not far distant, when we shall have their combined influence in elevating our position as a profession; while they shall mete out justice to those that have not enjoyed that freedom and protection which their purity, intelligence, and genius justly deserve.

In a word, the professional classes are entrusted, to a great extent, with the interests of philanthrophy and education, with the political and religious bias of the people, with the moral and social position of community. Thus affiliated, we ought cordially to assist in bearing one another's burdens, and he who boldly denounces or publicly detracts from the merits of either, as a class, proves recreant to the best instinct of his nature, tramples upon the public weal, and justly deserves the finger of scorn and contempt.

But, my friends, in conclusion, we have no reason to despair, on the contrary, we have very much to encourage us; like the century plant, we are of slow but certain growth, we are not anxious to boast on empherial existence; ours has been the growth of ages and centuries. We take no pride in being considered "fast" men, and we have no more affinity for one idea systems than we have for alligators. We take the liberty to cull and appropriate from all systems, whatever we can find useful or meritorious. We intend to have Nature minister to our wants and necessities, whether the agent comes from the *vegetable*, *mineral*, or *animal* kingdom. These principles are inherent in our system of medical science, and as such, bound to be progressive. We are striving for *perfection*, yet we seem never likely to reach *maturity*.

We are like the apostle Peter after his vision, not disposed to call that unclean or worthless that the God of Nature has placed in our hands. I said we have no reason to despair; neither the past or present fills our minds with doubt or intimates any uncertainty of ultimate success. We have names high on the list of fame as men of literature, science, and philanthropy. While we are proud of the bright galaxy which shine on the historic page of other lands, we boast of not a few in our own land, and shall never cease to cherish the memory of a Rush, a Physic, and a Parish, a Dewees, a Gibson, and a Drake. Even at the present time, on the present stage of action, we could enumerate a host as devoted, as brilliant, and as noble as any of their illustrious predecessors, and many not yet in the zenith of their fame. Nor should I pass in silence our National Association, which is rapidly giving our profession a *national* character; developing our medical resources, creating harmony of action and feeling; elevating and purifying the whole medical mass. The volume of transactions, which it annually sends forth, will bear the most rigid scrutiny as a literary and scientific work.

The topography of different localities, with the character of the prevalent diseases in the same, which is so faithfully recorded here, make it of inestimable value to the junior members of the profession; indeed, reflecting as it does the type of the most distinguished minds among us, combining a freshness and originality which few works possess, it should be deemed an indispensible acquisition to all our libraries.

Gentlemen of the profession, we stand in the outposts of danger. War and pestilence and famine are abroad in the earth. No class of community are as much exposed to the arrows of death, or the heavy hand of disease, as ourselves. Our task is often a sad and melancholy one. On the very threshold of our profession, we begin to battle with disease and death; his thousand hideous forms are ever lurking in our pathway, reminding us that we, too, are mortal. During the past summer and the one preceding, the pestilence has raged with fearful violence in our Southern cities. How many of our devoted band perished like martyrs!

While others can range creation's bounds unfettered, we must be ever at our posts in the hour of peril. The grim monster may stare us in the face, his icy hand may chill our frames and freeze the very citadel of life, no fear must reach our bosom, no doubt disturb our minds; inch by inch we dispute his claim, but death finally triumphs. We, too, must pay the debt of nature and journey to our long home. If we have learned wisdom from experience, if the solemn lessons, which have so often been administered in our professional career, have not been like water spilt upon the ground, if we have made the acquaintance of the one *great* Physician who offers freely to heal the dreadful maladies of the soul, who can speak *peace* in life's darkest hour, and pluck the sting of death, *then, all is well.* Professional reputation, troops of friends, and thousands of gold are no panacea for the final hour.

"So live, that when thy summons comes to join
  The immeasurable caravan, that moves
To the pale realms of shade, where each shall take
  His chamber in the silent Halls of death.
Thou go not like the quarry-slave at night,
  Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave
  Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

ARTICLE II.—*Injury to the Perineum puncture of the Bladder above the Pubes.* Reported by Dr. GEORGE M. FOX, of Brush Hill, Ill.

Aug. 6th, 1855; was called to Lyons to attend a boy by the name of DRUMMOND, 13 years of age, who had received an injury of the perineum by sliding from a hay mow, and alighting on the edge of a barrel, one foot going inside the other out. I found him with the scrotum considerably swollen, and somewhat ecchymosed; he had received the injury the evening previous to my being called. He did not experience much pain when he kept quiet. Since receiving the injury he had passed a small quantity of urine with some pain. I ordered the injured part to be kept constantly wet with the following lotion: ℞ plumb. acet. ʒ x., tinct. opi. ℥ i, aqua. ℥ iv., to be kept cool with the addition of bits of ice, and applied often. Aug. 7th, he was much the same as yesterday. Ordered a laxative, and local treatment continued; urine was passed with some pain. Aug. 8th, 9th, and 10th; remained much the same, the urine was passed with some difficulty, yet, passed off so as to cause no very unpleasant symptoms—local treatment continued. Aug. 11th, found him suffering from retention of urine, the bladder was moderately distended, with considerable pain and tenderness. I undertook to pass a catheter, and now, for the first time, discovered that the urethra was ruptured in the perineum, and that severely; as near as I could judge all efforts to pass a catheter were unavailing; something must be done. I dispatched a messenger for Dr. JOHNSON, of Chicago. The bladder must be emptied in some manner, and I did not like to hazard an operation without counsel, at any rate. He did not arrive until next morning. By this time, urinary infiltration had taken place to considerable extent, through the perineum and scrotum. He tried to introduce a catheter, but with no better success than myself. We then decided to puncture the bladder above the pubes, and Dr. JOHNSON proceeded to perform the operation in the usual manner. Canula was allowed to remain in the bladder until such time as we could succeed in introducing a catheter through the natural passage. Aug. 13th; patient doing well, had rested well through the night, the lower part of the scrotum beginning to show some appearance of sloughing; continued the same local application with morph. sulph. as an anodyne to relieve pain and procure sleep. From this time up to the 23d, there was no unpleasant symptoms followed the operation; but the lower part of the scrotum, and a portion of the perineum, had sloughed entirely away, leaving the testicles bare, and revealing the rupture of the urethra, nearly two inches of which sloughed entirely away. He had had a slight attack of diarrhœa which was rather troublesome, but yielded to the usual remedies. The parts seemed to manifest a disposition to heal rapidly. I now tried in vain to introduce a catheter through the natural passage, but all efforts were unavailing. Aug. 19th, I again called Dr. JOHNSON, in consultation. He succeeded better than I had done, but in a different manner. He passed, first, a small sized catheter through the opening above the pubes into the bladder, and then passing it out through the urethra into the perineum, then by bringing a second catheter in contact with this, the first was withdrawn, while the second was introduced; the canula above the pubes having been first withdrawn. The aperture healed rapidly; the urine was discharged through this catheter for a day or two, when it became displaced by accident. The urine was now discharged through the aperture in the perineum. Things remained in this shape until Aug. 28th; all efforts to introduce a catheter being unavailing. When, on trying to introduce a gum elastic catheter, the catheter passed beneath the bladder, and between that and the rectum, I felt something yield to the pressure I was making, and supposed that the catheter had entered the bladder, but it was only for a moment, for a large quantity of dark colored and very offensive smelling pus flowed through the instrument. On turning him on his side, nearly a half pint was discharged. I removed the catheter, and from this time to Sept. 5th, the abscess discharged profusely, the urine still passed through the perineum. About this time he had a severe attack of diarrhœa; this, together with the discharge from the perineum, and the abscess between the bladder and rectum, (for such it undoubtedly was,) debilitated him very much, he being reduced to a mere skeleton. At this time the opening in the perineum was healing rapidly, and something must be done to prevent the urethra from closing up entire, and the formation of a urinary fistulæ in the perineum. I finally succeeded in passing a gum elastic catheter after much trouble, in the following manner: I first passed the catheter through the natural passage, and at the aperture in the perineum, then doubling it on itself passed it into the bladder. In the mean time I had given him as nutritious a diet as he would bear, and procured rest by opiates. From this time the discharge from the abscess became rapidly less. Sept. 12th; the wound in the perineum still doing well. I can now pass a silver catheter, but with some trouble. From this time until Oct. 1st, he improved rapidly; the wound in the perineum had closed, and he passed urine through the natural passage as well as ever. He looks well, having regained his flesh and strength. Up to this time I had kept a catheter in the urethra most of the time, but have not used it since, and now at this time, Dec. 1st, he is as well as ever, and has had no symptoms of stricture or anything of the kind, and all that is left of the injury is a large cicatrix; more than half of the scrotum being entirely gone.

ARTICLE III.—*Some Remarks in Reference to the Necessity of Early and Free Venesection in the Treatment of Meningitis—with Cases.* By J. W. McKinney, M.D., New Albany, Ill., Jan. 1856.

In all diseases of a violent and dangerous tendency, the treatment of which is held in discrepancy, it should be the imperative duty of every member of the profession, of any considerable experience, to give, at least, the result attending his practice in any given number of cases. Such a course would assist in establishing a more uniform practice in treating such cases.

Meningitis being a formidable malady, and one by no means of rare occurrence, it is hoped the following cases, with the remarks, may not prove wholly devoid of interest.

The class of cases as here spoken of, are not of the intermittent type, or that form of the disease simulating congestive fever; or as treated of so ably under the title of "cerebro arachnitis," by Dr. Jas. Smick, in a former volume of the *North-Western Medical and Surgical Journal*, as having "its regular exacerbations and remissions, very much like bilious remittent fever. Cases presenting regular exacerbations and remissions, being by far the more numerous, and evidently depending on a miasmatic origin, I have always classed with, and treated, as a malignant form of congestive fever; and, therefore, as being amenable to the great anti-periodic—quinia. But the disease, as here spoken of, is of that acute continued character, which is generally preceded by various preliminary symptoms; as vague uneasiness, depression of spirits, tinuitus aurium, vertigo, &c.; and where the pain in the head, for the most part, exists for a shorter or longer period *antecedently to the febrile phenomena.*

As this pain becomes more intense, we find nausea and sometimes vomiting—an excited or wild expression—eyes suffused—a buzzing noise in the ears—very painful sensitiveness to sound and light, particularly the latter,—the patient closing his eyes forcibly, while the pupils, when seen, are observed to be very small, as though he was narcotized by opium. As the fever now begins to rise, which is first evinced by preternatural heat of the head and face, we sometimes have chilly rigors, (not a chill,) while the surface is covered with horrida cutis—the radial pulse is sharp, at the same time, the temporal arteries are full, during which spasmodic jerking of the eyes, muscles of the face and arms are observed. This goose-skin appearance sooner or later gives way to a uniform heat of the surface, when the spasms, which before were only light, now become increased, and in some cases very violent. Delirium sometimes precedes the spasms, as does the double vision; but more generally this accompanies or soon follows the first violent spasm.

If the disease be not intercepted, the delirium sooner or later yields gradually to a state of drowsiness, from which the patient may be aroused, so as to give vague and imperfect answers, but which finally passes into a deep state of coma, from which nothing can arouse him. The pupils, which before were small and contracted, now become dilated. Convulsions which had occurred frequent and violently now wholly cease, or are much lighter than in the early stage. Grinding of the teeth, with frequent deep sighing, are here prominent symptoms. These are accompanied by signs of great cerebral oppression and a general exhaustion—the pulse becoming frequent and thready—surface bathed in cold sweat, in which state the patient dies.

Among the first symptoms that attract the attention of the patient, are the pain in the head and constant nausea. These, together with the spasms, were the prominent symptoms in all the cases I class under the above title. The location of the pain was almost invariably referred, in the commencement, to the *coronal*, *temporal*, or *frontal* region, and *not* to the base or back part of the head, as is the case when of an intermittent or remittent form, and evidently of miasmatic origin.

Having attended 29 well defined cases of meningial inflammation, as above described, in a practice of eight years, I give, in the subjoined table, the cases as they occurred each year. This may serve, at least, to show at what particular season the disease is most likely to prevail, and with what mortality.

NO. OF CASES OCCURRING EACH MONTH.

Years.	Ja.	F.	M.	A.	M.	J.	J.	A.	S.	O.	N.	D.	Died.	Recov'd.	Total.
In 1848,											1	1	2		2
In 1849,	1		2										1	2	3
In 1850,	1											2	1	2	3
In 1851,	2	2	1									1	1	5	6
In 1852,	2	3		1						1		1	2	6	8
In 1853,	1		1											2	2
In 1854,				1					1				1	1	2
In 1855,								1			2		1	2	3
Total.	7	5	4	2				1	1	1	3	5	9	20	29

It may be well to state, that in the above enumerated cases, the greater number were children under twelve years old. There were eight under five years, and ten between five and twelve years old. Of these, eight or nearly one-half died; while of the remaining eleven cases, which were all between fifteen and forty years old, but one died.

The difference in the relative mortality of children, and those of adolescence and adult age, it will be seen, is very great. This difference in part is undoubtedly owing to the greater susceptibility of children, and the naturally increased tendency of blood to the brain and its membranes during the period of childhood. But I attribute a portion of this greater mortality to the fact of the patient not having had the benefit of the antiphlogistic treatment, by venesection, at an earlier period after the attack. With this exalted susceptibility, and increased encephalic and meningial circulation, we could but expect this alarming and dangerous form of inflammation to be the more early established, and if not promptly relieved by depletion, that this class of patients would the sooner pass irretrievably beyond the control of our art. In all these cases, with a very few exceptions, it was twelve, twenty-four, and in some even forty-eight hours from the time the symptoms became violent, before I saw the patients. Of the cases occurring in children, the symptoms indicating effusion into the brain were present in seven, at the time of my first visit. I did not, therefore, practice phlebotomy in any of this number. The treatment adopted under these circumstances was, to prescribe an efficient dose of hydrarg. sub. mur. where the bowels had not been freely evacuated recently by other means. At the same time, to apply emplas. epis. to the temples, with ice or snow to the front and top of the head; and where neither of these could be conveniently obtained, I ordered cloths diped in cold water to be applied. After the bowels had been freely operated, small portions (from 1 to 3 grs.) of calomel were ordered every 4 to 6 hours until 7 or 8 doses were given. Where this kept up too much action of the bowels, it was discontinued earlier, and a solution of iodide potassa, in the proportion of about 20 grs. to the ounce of water prescribed, in dessert spoonful doses, every five or six hours. Quinine, whenever it could be judiciously used in large or small doses, was promptly prescribed. This, with the use of oil turpentine, applied along the whole course of the spine, together with sinapisms to the extremities, constituted the principal treatment for these cases. Suffice it to say, that all this number (seven) died except one.

There were four of the remaining cases in whom I did not practice venesection. One of these died, and three got well. Thus, it is shown, that in eleven cases where bleeding *was not* practiced, seven died. While in the eighteen cases, where free venesection *was* practiced, but two died.

As a striking example of the efficacy of venesection, to arrest meningial inflammation, I give the following case in detail:

Was called, Nov. 13, 1855, to see Mr. J. F., aged 39 years, farmer, of a plethoric constitution, with an increased corpulency beyond that of an ordinary fleshy person, who had been attacked on the evening of the second day previous, with headache, nausea, and general lassitude—what he supposed to be "sick headache." During the day and night previous to my visit, all these symptoms became gradually but greatly increased, with occasionally chilly rigors and vomiting.

The following were the symptoms as presented on the morning of the 13th:

Frequent small pulse, lancinating pain in the head, eyes suffused with tears, with small contracted pupil and total inability to behold any object in the room; very sensitive to the slightest noise, with tinnitus aurium, or rather a crashing sound in the ears; surface of the whole body and extremities, preternaturally cold, and presenting a horrida cutis appearance; tongue loaded with a white coating; constant nausea, with frequent vomiturition.

Occasionally there was light clonic spasms of the muscles of the superior extremities, lasting from a half to one minute, during which the eyes were drawn in their orbits, spasmodically to the left side.

In consequence of the state of the pulse, and general coldness of the surface above described, I did not proceed at once to take blood from the arm, but administered an emeto-cathartic of ipecac, 20 grs., calomel, 60 grs., forthwith, and applied sinapisms to the wrists and ankles, ordering dry friction with flannel cloths, to be made on the extremities, and cloths diped in cold water, to the head. After emesis was produced once or twice, ordered mustard over the stomach, and as soon as vomiting ceased, a tablespoonful and a half of oil with 30 gtts. spts. turpentine, to be administered. I now left the patient, giving orders that so soon as the pulse became full, to send a messenger and I would again visit. At nine o'clock the following night, the messenger came, requesting me to go in great haste, stating "that Mr. J. F. had fits." When I arrived, I found him in a state similar to that just succeeding a violent epileptic convulsion. On enquiry of one of the friends present, I learned he had had no less than four or five spasms within the last hour and a half. The medicine given in the morning operated kindly, producing emesis three times, and evacuating the bowels freely four times. Finding my patient now with a full, bounding pulse, and during the intermission between spasms, requiring the effort of three men to keep him on the bed, and from doing violence, I prepared, as speedily as possible, to bleed him. His head being elevated—cloths wet with cold water constantly applied thereto, and mustard drafts to the extremities; all were not sufficient to protect him against another spasm, in which every muscle of the whole frame was most violently convulsed. So soon as the relaxation of the muscles would permit my doing so, I corded the arm and opened a large orifice in the median cephalic vein, from which I drew away three and a half pints (56 oz.,) of blood. Some pallor of the lips and face being observable, and the pulse considerably softened, I closed the orifice, and was proceeding to bind up the arm, when another spasm came on. I immediately tore away the bandage, and suffered the blood to flow again till two pint cups (32 oz.,) were filled. This produced a decided impression, and at once put an end to all further convulsions. The bed being so arranged as to keep his head and chest still elevated, I ordered a continuation of the refrigerant application of water as long as the temperature should remain morbid, with the renewal of the drafts to the extremities.

Nov. 14th, 8 o'clock, A. M. Patient has remained tolerably quiet during the latter part of the night; had swallowed nothing since last evening. Pulse frequent and quick, but easily compressed; heat of the surface a little above that of the natural temperature; delirious and more restless than during the after part of the night. Ordered cold water and drafts to be continued as before, with oil of turpentine along the whole course of the spine, and as soon as patient could be got to swallow, to give 20 gr. calomel in a tablespoonful of oil.

4 o'clock, P. M. Had revived slightly, so as to take a spoonful of water and the greater portion of the dose left in the morning. I now ordered repeated doses of oil every three hours, till the bowels were operated, and then 6 grs. iod. potas. in two ounces of water, every four hours.

15th. Patient better. Oil and calomel had operated twice; had taken five doses of the iod. solution; slight mercurial feter on the breath; drowsy. When aroused, answers all questions, in a slow undertone, by "No."

Continue use of iod. solut., and occasionally refrigerant to the head.

16th. Better. Answers questions more rationally; complains some of sore mouth; says that any noise in the room produces a confused, unpleasant sensation in his head.

Continue treatment; only prolonging the time of giving the solut. to every six hours.

17th. Decidedly better. Asks for something to eat; permitted him to take some rice gruel. Directed iodide to be continued in diminished doses; also, three or four gr. doses of quinia, twice daily, as a preventative against the deleterious influence of malaria.

From this time on, he rapidly gained the equllibrium of health.

The amount of blood taken from this patient was vastly greater than I had ever before taken at one bleeding, under any circumstance. This though, will not be very surprising, when it is borne in mind that the individual was a very large, fleshy man, weighing over two hundred and forty pounds, and of a strong sanguine temperament.

Now, in this case, which in point of violence, was a little above an average, the force of the inflammation was at once cut short, if not entirely put an end to, by the free bleeding; as indeed it was in nearly all the cases where venesection was practiced. Of course, I do not mean to say that the other means used were wholly useless; but on the contrary, that they were essentially available auxiliaries. Yet, I cannot comprehend how those secondary means, (calomel, iod. potas., quinine, cold water, &c.,) would of themselves cured my patient of this inflammation, aside from general depletion; seeing that seven out of eleven died where this had been entirely omitted; although these patients had the full benefit of those other reputed means of cure, as best my judgment and experience, aided by the written authorities, could dictate.

The great necessity of an early and free bleeding, as here set forth, is only corroborative of our best medical authorities, of the present day. Dr. Dunglison, in speaking of the treatment of inflammation of the brain and its membranes, says: "As in other cases of severe internal inflammation, bloodletting is the sheet-anchor of the practitioner; and it must be pushed so as to produce a decided effect; the effect, rather than the amount of blood taken, being the guide." Dr. Wood, in his practice of medicine, says: "It is of the utmost importance to begin the treatment early. By energetic means, at this period, the patient can generally be saved. Beyond all comparison, the most effectual remedy is bleeding." And again, in still speaking of the treatment of meningitis, this same author says: "I would repeat, that a vast deal depends, as to the result of treatment in acute meningitis, upon early and vigorous bleeding, both general and local."

A number of others, equally reliable for their sound medical teaching, might be quoted, who recommend free venesection in the treatment of this disease as being the principal. But as this article has already grown far beyond what I had intended, I desist, by simply stating: that in meningitis, presenting the above symptoms, to bleed, bleed! Bleed early and freely, and stop this inflammation; and then use "other reputed means of cure" afterwards.

ARTICLE IV.—*Double and Compound Fracture of the Thigh. Fatal after* 74 *days.* By DAVID PRINCE, M.D., Jacksonville, Ill.

Wm. Wilkinson, æt. 54, of good constitution, having had little or no sickness during his life, was (Nov. 20, 1855,) digging around a post under a shed, for the purpose of replacing it by a new one, when the upper part of the structure came down upon him, throwing him down, with his right thigh bent over a log, while the foot of the same side became fixed by some of the material falling upon it. His right elbow was dislocated, his right thigh broken obliquely in the middle third, and also in the lower third obliquely, the lower point of the middle fragment projecting through the skin in the line of the external hamstring.

Visited him four hours after the injury; his temperature was diminished and his pulse quickened by the shock, but after the adjustment and application of apparatus, he soon reacted. Rose's double inclined splint was first applied, not on account of a preference for the bent position, but for convenience. After two days a straight splint was applied, composed of a thin board, three inches wide, extending from the trochanter major to three inches below the foot, and forked at either extremity. A belt four inches wide around the upper part of the thigh, with straps and buckles, and a loop to receive one of the forks of the splint, constituted the counter extending support, while the extending shoe and extending bar of Jarvis' adjuster, constituted the extending apparatus.

The limb, bound with the roller below the knee, and the many tailed bandage above the knee, in the usual way, was laid upon the splint accompanying Jarvis' adjuster, well cushioned, and a narrow splint corresponding with the one outside, but shorter, was placed upon the inside of the limb, cushioned, and the whole secured by straps applied around all the three splints.

One of the objects of this communication is to notice some difficulties in the application of Dr. Jarvis' Adjuster to fractures. It is not an unnatural ambition in one who invents an instrument really useful for certain purposes, to seek to endow it with universal applicability, and this very justifiable ambition seems to have taken possession of Dr. Jarvis. His apparatus is certainly a very valuable one for dislocations, but for fractures requiring long continued extension and counter extension, the novice who attempts to follow literally the directions of Dr. Jarvis, will probably find himself soon foiled by ulcerations in the groin and upon the instep, or above the condyles of the femur, or wherever else the pressure comes. The pressure by the rollers for the groin and pads for the condyles of the femur press upon too small an extent of surface to be borne day after day, as in fractures, where it is necessary to keep up constant tension. The thigh fork of this apparatus is also inapplicable in fractures, with the patient lying on his back, the lower extremity of it being a source of permanent uneasiness, and being in the way of the broad splint upon which the limb is intended to rest. The broad belt above mentioned obviated these difficulties, allowing the extending splint to be placed upon the outer side of the limb. The extending bar of this apparatus attached to the lower end of the same splint, allowed of regular, easy, and effectual extension. The only difficulty here, was to get a good point of application for the extension. This was found in the application of a belt of adhesive strips to the middle portion of the leg, with loops into which bands were thrust, extending thence over the cross piece of the extending bar. By this arrangement there was no difficulty in keeping the injured leg of the same length with the sound one, and without discomfort to the patient.

During the first few days, the patient's diet was diminished in richness and quantity from that of health, but afterwards generous diet, with wine and quinine, were enjoined. During the second week of confinement, some symptoms of intermittent fever manifested themselves; but during the third and fourth weeks the appetite was good and the spirits cheerful, with good pulse. During the fifth week, however, the appetite diminished, and the pulse became more frequent; the extremities inclining to be cold, and neuralgic or rheumatic pains in various parts of the body. In the sixth week, there came a discharge of pus through the perforation originally made by the extremity of fractured bone, and from this time till death, from eight to sixteen ounces of pus were discharged daily through this opening. Towards the last, sloughing occurred, exposing considerable portions of the neighboring muscles—his appetite entirely failed, and he finally died, gradually exhausted and emaciated to the last degree.

No diarrhœa at any time complicated the case, and no discharge subsequent to the original bleeding appeared from the lacerated skin, until the flow of pus in the sixth week. No bony consolidation took place in either fracture.

To what was the failure owing in this case? Evidently to the want of recuperative power in the constitution of the patient, for though so nice had been the balance that no disease had ever spontaneously occurred, yet when once the balance was disturbed there was no power to restore it.

◆

SELECTIONS.

Hospital Cases.

PENNSYLVANIA HOSPITAL, *Jan.*, 1856.

1. ABDOMINAL DROPSY.—A report is made of the following case, not because of any unusual interest during its progress, but on account of an unusual pathological condition, exposed on post-mortem examination.

Dec. 8. Man, 35. Exsanguine appearance of a victim of miasmatic disease—œdematous extremities—abdomen swollen to the dimensions of a female in the eighth month of pregnancy—superficial veins turgid—spleen much enlarged, encroaching on the lungs, and of scirrhoid hardness. Liquid is effused into right pleura, and the pericardium is burdened with it. The urine presents no evidences of albuminuria; alvine dejections normal. Patient complains of abdominal pain and dyspnœa. The inferential diagnosis is, that scirrhus of the spleen, and a sub-inflammation of the peritoneal cavity exist. The case is one hardly likely to recover. The treatment to pursue is that which will relieve the most apparent symptom—dropsical effusion.

Jan. 5. The patient has been placed on the usual diuretic remedies, with reference only to the amelioration of his symptoms—an incurable organic affection complicates the case. Cream of tartar and juniper-berry tea, alternately with elaterium and digitalis, have been employed with some advantage, at times, but there is no permanent gain. A very dry tongue indicated a condition of the alimentary canal requiring the use of oil of turpentine.

Jan. 12. *Autopsy.*—The *fons et origo* of the mischief is the liver and not the spleen; while the latter appears as large as an average sized liver, the former is reduced to *one-fourth* its normal dimensions, and is cirrhosed; in form it is remarkably altered—presenting no thin anterior border, but contracted into a knotty mass. Little granulated masses jut out, over the whole surface of the organ, giving it the puckered appearance of "hobnail liver," of which it is an excellent example. The cut surface is of a yellowish hue, dotted with innumerable red points; blood flows from the larger vessels, but it has not been able to penetrate into the small ramifications. The nature of this affection is not fully determined. Laennec bestowed on it the name *Cirrhosis*, and supposed a peculiar product, analogous to that of tubercle in the lung, to be deposited here. This opinion is now abandoned. Beneath the microscope, there is found to be an hypertrophy and contraction of the capsule of Glisson, surrounding each acinus, and giving sheaths to all the vessels. The acini remain unaffected in their secreting functions, unless their supply of blood is cut off by the obliteration of vessels; hence we find that jaundice was not occasioned, because a limited portion of this liver was still actively discharging its duty. The same fibroid degeneration is observed in the kidney and pancreas, and in nature is not inflammatory, nor the result of that process.

This condition of the liver will explain all the other pathological evidences. Gall-bladder filled with bile. Peritoneum and mucous membrane of intestine injected with blood. Pancreas of scirrhous hardness, cutting like cartilage. Lungs too dark. Heart atrophied, much diminished in its cavity. Serous sacs filled with liquid.

Jan. 9. MENINGITIS.—Young man, brought in day before yesterday; had been taken with convulsions, which were preceded by a two days' sickness.

Since the convulsions, has lain in a state of coma, with occasional spasmodic movements. Answers no questions; pupils contracted, and eyes red. Will not protrude the tongue; patient is sensible to inconvenience, as is proved by partial voluntary muscular action, when surface is exposed to the cold; this is dependent on no cerebral operation of the will, but the result of reflex action, the same as is noticed in decapitated animals, the alligator, &c.

Pulse very feeble; there is no positive depression, and though a meningeal inflammation exists, inducing irritation of the nerve centres, it is too late to use active antiphlogistic measures. Should have been bled largely in the commencement of the attack. Now we can have little expectation of recovery. Apply blisters repeatedly to scalp. Blisters to feet. Calomel, grs. x. Turpentine enemata, frequently repeated during the day.

Jan. 12. Improvement since the above treatment. Breathes with tolerable regularity. Face has not so dinged a hue; pupils still contracted; dryish condition of skin; pulse feeble, but not small; has articulated a few words, and is more sensible this morning than at any previous time; indisposed to move left arm, which is an unfavorable sign, indicating a complication of brain substance.

Administer a supporting diet; if convulsions or coma increase, apply a few leeches about the temples; keep bowels open with turpentine enemata; pil. hydrarg. gr. ij four times a day; continue the irritation of scalp.

Jan. 19. *Autopsy. Brain*—Great congestion of pia mater, redness beneath arachnoid, which is opaque, with effusion of coagulable lymph. Paralysis of left arm was due to change in the substance of brain itself. Small blood-clots in various positions in the right lobe, and one spot is decidedly soft, creamy and disorganized. In left hemisphere no apparent change. Acute cerebritis and meningitis coexisted.

PHILADELPHIA HOSPITAL, *January*, 1856.

This institution has, during the past winter, been opened for clinical instructions, and lectures have been delivered twice a week. We shall occasionally present reports of these lectures.

Clinic of Dr. Biddle. Jan. 19, 1856. *Bright's Disease.*—Dr. Biddle presented to the class a case of *anasarca*, dependent on *albuminuria*. Dropsy, he observed, was not a disease in itself, but a symptom of disease; an effect rather than a cause. It was a morbid accumulation of the serum of the blood in the cellular tissue, or in some of the serous cavities of the body; and this might result from a variety of conditions. It might be produced by an obstruction in the circulation, preventing the return of the venous blood to the heart, as in valvular disease or dilatation of the heart. Or, the obstruction might exist in the liver, and the venous blood of the vena portæ, thrown back upon the capillaries of the abdominal viscera, would have its serum forced out into the peritoneal cavity, constituting ascites. A diseased condition of the serous membranes might be the cause of dropsical effusions into these cavities, as in chronic pleurisy and peritonitis. The state of the blood, too, might occasion effusion of its serum into the cellular tissue. Thus, the blood in anæmia, from a deficiency of its red-corpuscles, cannot always maintain sufficient vicidity to prevent a leakage of its water through the capillary vessels. And again, from the loss of another of its solid constituents, its albumen, the blood will become so thin that its serum will escape, and this was the explanation of the œdema in the case before them.

When the albumen of the blood escapes abnormally by the urinary excretion, as in the patient under notice, the term *albuminuria* is applied by modern pathologists to the morbid condition. But, the condition thus designated may depend upon very different pathological states of the kidneys; and it was most important, he observed, both for the prognosis and the treatment, correctly to distinguish the states of the kidneys upon which the albuminuria depended.

Since Dr. Bright first established the connection between albuminous urine and disease of the kidneys, the field of renal pathology thus opened had been assidiously cultivated; and it had been shown that there were two divisions of Bright's disease, differing most strikingly in the state of the kidneys with which they were associated, and also readily distinguishable during life. One of these varieties of Bright's disease was the result of a *desquamative disease* of the kidney; the other of *fatty degeneration*. It was sometimes erroneously asserted that the *desquamative* variety was always found in the *acute* form of the disease, as after scarlatina; and again, incorrectly, that the two abnormal states of the kidney were only successive stages of the same disease. Both the varieties of Bright's disease might, however, occur in the accute as well as chronic form;

and they were essentially different in the character of the disease of the kidneys, as well as in the pathological appearance which these organs presented after death.

The great difference between the two forms of the disease, was in the morbid condition of the epithelial lining of the tubuli uriniferi of the kidneys. In one form, the epithelial cells underwent *desquamative inflammation;* they became disintegrated; were thrown off from the basement membrane, and were swept out from the tubules, entire, with the urine. The denuded tubules lost the power of secreting the ordinary solids of the urine, and, at the same time, were incapable of preventing the albumen of the blood from leaking through them with its water. In *fatty degeneration* of the kidney, the epithelial cells became the seat of the deposit of an excess of oil-globules; they underwent changes, varying in degree up to a complete oily degeneration; they were often distended by the oil-globules, and burst; but, although thus sometimes thrown off in fragments, they were not entirely detached, so as to leave the tubules bare. In the former condition, the denuded tubules allowed the transudation of a large amount of water in the urine; and hence a symptom of *desquamative* Bright's disease was a copious flow of urine, of light color, and low specific gravity. Not so, however, in *fatty degeneration;* here the condition of the tubules, while permitting the passage of albumen, was not favorable to the transudation of water, and a diminished amount of urine, of higher density, was the result. This was precisely the condition of the urine in the patient before them. The amount of urine passed was not more than two pints daily; its specific gravity was 1.020; and, as they saw, by the application of the tests, nitric acid and heat, the urine was loaded with albumen. By adverting to the probable condition of the kidneys in this case, they would understand why so large an amount of albumen was found in the urine. The kidney of *fatty degeneration* is increased in size; there is an excess—a true hypertrophy—of the glandular tissue; and the increased vascularity consequent thereupon was the cause of the abundance of albumen in the urine.

The character of the urine in the *desquamative* disease of the kidney is quite different. The amount secreted is copious, and its density low; its specific gravity is more often below than above 1.015 and sometimes as low as 1.005. The amount of albumen, too, found in the urine is much less; and this was easily understood by referring to the state of the kidney here. The kidney of desquamative inflammation was *small* and *contracted;* its vascularity diminished; its uriniferous tubes becoming more and more shrunken as the disease advanced; and as the supply of blood decreased, the materials for the secretion of albumen were also less.

The diagnosis, then, in this case, from the condition of the urine, was fatty degeneration of the kidney. The microscope would confirm this diagnosis; and must, indeed, always be resorted to, before they could pronounce with certainty as to the variety of renal disease upon which the albuminuria depended. But it would often be of great importance to them to be able to determine the nature of the affections upon mere inspection of the urine. In the case before them, the microscopical examination which would be applied would reveal the presence of a large amount of oil-globules in the sediment deposited by the urine with fragments of modified epithelial cells. In the urine of the small contracted kidney, on the other hand, are formed disintegrated epithelial cells, partly scattered, and partly in the form of tube-casts, but *few* or *no oil-globules.* A small amount of oil appears occasionally in the urine of desquamative disease, but never in any abundance, while the other appearances of the urine prevent any possibility of confounding such cases with fatty degeneration.

Dr. Biddle dwelt upon the importance of correctly distinguishing these two varieties of Bright's disease, because in the one form they might expect much from treatment, while in such cases as that before them, recovery was nearly hopeless. Dr. Wilks, of Guy's Hospital, London, goes so far as to assign three years as the maximum of time which a patient, attacked with fatty degeneration of the kidney, has to live. This was, perhaps, too exclusive; but, in the present case, the prognosis was rendered still more unfavorable by a complication of hypertrophy of the heart. Of the mány complications which coexisted with Bright's disease, this was the most common, as well as the most alarming. About one-half the cases presented this form of heart disease, and more than two-thirds of them were accompanied by some variety of cardiac affection.

Dr. Biddle called attention to the insidious establishment of the affection in this case. There was nothing to invite attention to the kidneys as a seat of disease. There had never been pain in the loins, and, indeed, there very seldom was in chronic cases. The treatment here could be only palliative. The age of the patient (sixty-five), removed almost absolutely the hope of a return of the kidneys to the normal condition. And, so far as they had to do with remedial agents, they were entirely at a loss for any class which had a known efficacy in restoring glandular tissue which had undergone fatty degeneration. Still, something might be done to abate the dropsical effusion, and to support the nutrition of the patient. He should prescribe ten grains of nitrate of potassa, and a grain of digitalis, three times a day, with a view to an increased action in the eliminating water of the kidneys, and, at the same time, to a sedative influence on the heart. The constant drain upon the albumen of the blood which was going on, demanded the freest use of strong animal food. A little wine would also be proper.

In the very forming stage of fatty disease of the kidney, an alterative course, which would induce a powerful modifying influence on the nutritive functions, might do something to prevent the advance of this degeneration. Hence the importance of determining the condition, in its very commencement, and, with this view, of an early examination of the urine, in all cases of doubtful chronic disorder. Before the recurrence of albuminuria, the microscope will often show the existence of the disease. And it should also be borne in mind that *heat*, carefully applied, will readily detect a slight amount of albumen, which would 'be decomposed by nitric acid. To distinguish albumen coagulated by heat, from a phosphatic deposit, a few drops of acetic acid should be added, which will redissolve a phosphatic sediment.—*Med. and Surg. Reporter, N. Y.*

BOOK NOTICES.

Fourth Annual Review of the Commerce, Manufactures, and the Public and Private Improvement of Chicago, for the year 1855; *with a full statements of her system of Rail Roads, and a general synopsis of the business of the City.* Compiled from several Articles in the Daily Democratic Press.

The above is the title of a neatly printed pamphlet of 80 pages, and though having no relation to *Medical* matters, we quote it for the purpose of informing such of our readers, as may desire information concerning any of the topics named in the above title, that they can obtain it by applying for a copy of the pamphlet at the Democratic Press Office, 45 Clark Street, and paying the small sum of *twenty-five cents.*

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M. D. and C. B. Radcliffe, M. D., and Re-published by Lindsay & Blackiston: Philadelphia, 1856.

This useful Abstract of the Medical Periodical Literature, for the last half of 1855, has appeared with its usual punctuality, and is worthy of the patronage of the profession. Price $2,00 per annum.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery, No. 33. Re-published by S. S. & W. Wood, No. 261 Pearl Street, New York.

The January number of this able foreign quarterly is no less interesting than its predecessors. We notice in the list of Books reviewed in this number, the titles of three American Works, viz.:

"*A Practical Treatise on Foreign Bodies in the Air Passages.* By S. D. Gross, M.D. and Prof., of Louisville, Ky."

"*Clinical Lectures on Diseases of Women and Children.* By Gunning S. Bedford, A.M., M.D., &c., of New York;" and

"*Letters to a Young Physician just entering upon Practice.* By James Jackson, M.D., LL.D., &c., &c., of Boston."

The first and the last of the works here mentioned, meet the unqualified approbation of their reviewers; while the style of the second meets with some brief, but well merited, criticisms.

Annual Report of the Surgeons of the New York Opthalmic Hospital, for the Year 1855.

This is a pamphlet of 16 pages, containing the rules and regulations of the Institution named, which is located at No. 6 Stuyvesant Street, New York City; and under the professional charge of Mark Stephenson, M.D., and John P. Garrish, M.D., as surgeons.

The whole number of patients reported as having been registered on the books of the Hospital during the year 1855, was 1202. Of these, 602 were discharged cured; 323 relieved; 74 incurable; 18 declined treatment; 15 were removed to Bellevue Hospital; 173 discharged without result of treatment being known; and 77 remained in the Institution at date of report.

Proceedings of the American Pharmaceutical Association, at the Fourth Annual Meeting, held in New York, September 11th, 12th and 13th. Published by direction of the Association.

The above is the title of a neatly printed pamphlet of 40 pages, containing an abstract of the proceedings of the fourth annual meeting of the above named association; the constitution, officers; and list of members of the association; with an appendix, containing, 1st. A report on Standards for Drugs; 2d. An essay on the Growth of Wines in the West, and on Catawba Brandy and Tartar, by E. S. Wayne, of Cincinnati; 3d. A report on the subject of the Home Adulterations of Drugs; 4th. A report on the strength of Commercial Muriatic and Nitric Acids and Alcohol; 5th. Report of the Executive Committee; and 6th. A report on the inquiry whether any and what amendments are required to the law regulating the Importation of Drugs and Medicines, &c. These are all short papers, but containing matter of interest both to the profession and the community. The third report above-named we copy entire, as follows, viz:

"The subject of home adulterations of drugs naturally attracted the attention of the community, and especially of pharmaciens and physicians, in connection with that of the foreign, to which we have applied so stringent a law.

No doubt the sophistication of drugs is as well understood in this country as on the other side of the Atlantic, and that if we could apply a remedy as general in its application, we should detect an amount equally astonishing. This is one of the arguments used by the opponents of the drug law, that medicines can be as readily adulterated here as abroad; but we contend that this is no argument against shutting out foreign adulteration, and we hope some of these days to put a stop to the evil at home. The precise method of doing this is not yet apparent, neither is it within the scope of the duties of this Committee to suggest a remedy. One of the results of the different reports from time to time upon this subject, will be to call the attention of the community to the subject, and create a public sentiment that shall demand purer and better medicines when needed, thus drawing the necessary discrimination between the qualities of them when offered either in packages or at retail.

The Committee do not design, at present, a full report, as there are still under their observation, and that of others who have aided them in this matter, such articles as are usually met with. Some are of more, some of less importance, all however, sufficiently so, we think, to merit attention and remark. They are mostly articles that have been found on sale in the interior towns and cities, purchased at the cities East, where most of the wholesaleing is done. A few instances may be noticed:—

Balsam Peru has been met with, possessing none of the characteristics of genuine balsam except in color and consistency, and upon analysis affording no cinnamic acid.

Pulv. Capsicum.—The sample examined had a brick dust color, little pungency, and filled with yellow specks and strong odor of *tumeric.* It was a mixture of tumeric and American capsicum, and, of course almost inert.

Castor is found with the follicles filled with saw dust to half the weight of the castor.

Opium.—Since the circular of the Secretary of the Treasury fixing a per centage of morphia for this drug, a more uniform quality has been found in market; but a great many samples have been observed the past season with foreign substances, most commonly lead, inserted in the lumps, in some instances equal to 20 per cent. of the weight of the mass. We are of the opinion that this was done abroad, and probably at the port whence shipped. The different examiners should seek to detect this fraud before passing it.

Musk in pod has been observed loaded in the same way, to the amount of 20 grains in a single pod.

The Essential Oils are largely adulterated in this country.

Oil of Peppermint sometimes contains 50 per cent. of alcohol. *Oil of Rosemary* is adulterated largely with turpentine, and in short, the whole class are shamefully sophisticated.

Otto of Rose in the same class.

Cream of Tartar, adulterated with carbonate of lime, some samples to the extent of 33 per cent., others in less proportion. Sul. potash is also used for this purpose, and alum largely. Of six specimens examined by a gentleman of New York City, purchased at various shops, but *one* was found pure, some of them being adulterated 30 per cent. The same gentleman says, in reply to our enquiries, that from twenty-two specimens or samples of essential oils, fourteen were found to contain turpentine and other impurities. The same gentleman reports samples of powdered opium adulterated 50 per cent.

Cod Liver Oil.—All kinds of fish oil may be found neatly bottled and carefully labelled as the genuine article.

Sulphate of Quinine.—Samples have been detected with the old adulteration of mannite, and one gentleman reports quinine mixed up with fine picked raw cotton, adding to the bulk so as to fill the vial without using the requisite quantity of this valuable chemical.

Ipecacuanha in powder and Jalap in powder, each mixed with spurious matter, and English rhubarb in powder, put up for fine powdered Turkey, are not uncommon in all the markets.

Of crude materials, *Nitre*, or Saltpetre is one of the most commonly sophisticated, being adulterated with common salt and nitrate of soda largely.

These are some of the reports made to us, all from reliable sources.

The Committee have endeavored to establish points of observation in different sections of the United States, and as far as possible to obtain the names of houses from whom these various sophistications have been obtained. Such information they deem it best to withhold from publication at present, lest they might do injustice to parties ignorantly sending out such drugs; but they also intend, from time to time, to compare notes, and when satisfied of continued practices of this kind, will report such names to the Association.

In the meantime, they cannot too strongly urge retail apothecaries especially, to be cautious of whom and what quality of medicines they purchase. It is to the dispensing apothecary medical men and the community look for such medicines as are pure, not only 'good of their kind,' but of the best kind.

C. B. GUTHRIE,
GEO. D. GOGGESHALL,
E. S. WAYNE,
A. J. MATTHEWS."

The following Prizes are also offered by the Association:—

1st.—*Twenty-three volumes of the American Journal of Pharmacy.*

For the best Essay which shall develope the commercial history of all drugs indigenous to the United States, as Senega, Spigelia, Serpentaria, &c., as regards the manner and places of their collection and preparation for the supply of commerce, the amount annually collected, and the channels through which they enter general commerce.

2nd.—*Six volumes of Gmelin's Hand Book of Chemistry.*

For the best Essay on any question relating specially to Pharmacy.

COMMITTEE OF JUDGES.

CHARLES ELLIS. WILLIAM PROCTOR, Jr.

All Essays contributed for the Prizes must be delivered free of charge to CHARLES ELLIS, Philadelphia, on or before the second Tuesday in August, 1856.

EDITORIAL.

Medical Education—Lengthened College Terms—Biennial, instead of Annual Commencements for Conferring Degrees.

Some months since, we very briefly noticed the proposition made by Dr. Stille, of Philadelphia, in the last annual meeting of the American Medical Association, to extend each of the courses usually given in our Medical Colleges, so as to make them occupy two annual sessions instead of one. We then stated that the proposition was referred to a Special Committee, of which Dr. Stille was Chairman. Very recently we have received a circular from said Committee, setting forth more fully the nature of the changes proposed, and the reasons in favor of their adoption. The views contained in the Circular may be stated briefly as follows:—

1st. To make the College Cirriculum consist of eight distinct courses of instruction, namely:

"Special, Regional, and General Anatomy."

"Inorganic, Organic, and Pharmaceutical Chemistry, and Toxicology."

"Medical Botany, Materia Medica, General Therapeutics."

"General Pathology, Morbid Anatomy, Practice of Medicine."

"General and Human Physiology, Hygiene, Medical Jurisprudence."

"General Surgical Pathology, Mechanical, Operative, and Medicinal Surgery."

"Obstetrics, Diseases of Women, Diseases of Children."

"Hospital Clinical Medicine and Surgery."

2d. To make the course of Lectures on each of the foregoing departments extend through two annual College terms, instead of having each annual course, to a great extent at least, a *repetition* of the one that preceded it.

3d. To make the Commencement for Conferring Degrees biennial instead of annual, as at present. This necessarily results from the adoption of the second proposition. For if it require two annual college terms to complete the several courses of Lectures, each student would necessarily be required to enter the same college for *two terms*, and a graduating class could be formed only at the end of each second term.

The important objects or benefits to be gained by the proposed change, as set forth in the circular of the Committee, are, *first*, to render the college instruction of the student *developmental* and *progressive* from the beginning to the end of his college course, instead of annually *repetitional*, as at present. Second, to afford opportunity for including in the several departments, instruction on important topics which are now either wholly omitted or but imperfectly presented. Such is the plan for improving our system of college instruction, proposed by the Committee, and such the benefits which it is claimed would arise from its practical adoption. That the time has fully come when the *curriculum* of medical college instruction in our country should be thoroughly remodeled, and placed on such a basis that the student can receive instruction in a limited number of branches each year of his pupilage, beginning with the elementary and ending with the *applied* or practical, there can be no doubt in the reflecting and unbiased mind. But does the plan proposed by the Committee present such a basis? By no means. On the contrary, it proposes to have the student *commence* his college instruction, with *eight* distinct departments or courses of Lectures, (including the whole fields of Medical Sciences,) and pursue them all halfway through the first annual term, and return to complete them the second. This would be "progressive" instruction as distinguished from "repetitional;" but it would not be "*developmental*," as claimed by the Committee. To develop a science, or a connected chain of sciences, we must begin with the elementary parts—we must master first those topics which legitimately and necessarily furnish the basis and key to the subsequent attainments. To acquire a knowedge of the Science and Art of Medicine by a true system of *development*, the student must master Anatomy, General and Descriptive; Chemistry, Organic and Inorganic; Botany and Materia Medica; and Physiology, Human and Comparative; *before* he proceeds to the study of Morbid Anatomy; Toxicology; and General Pathology, Medical and Surgical. And all these must precede the full consideration of Practical Medicine, Operative Surgery, and Obstetrics. Instead of this, however, the plan of the Committee requires the student to commence his first college term with Lectures on the elements of Anatomy, Chemistry, Materia Medica, Physiology, General Pathology, Surgical Pathology, Obstetrics, and Clinical Practice; thereby crowding daily quite as many topics upon the mind of the student as under the present system, and quite as perfectly destroying all power to pass, by a natural and consecutive order, from the acquisition of one series of branches to the next and most dependent. Hence the plan proposed is scarcely less objectionable than the one already in operation in the schools; while its adoption would subject the student to the very great inconvenience of being compelled *always* to enter the medical college for two *consecutive terms*, or be deprived of the opportunity to complete what he had begun until two whole years had intervened, and he had reached the *fourth* college term. The Committee, on the second page of the circular before us, seem to convey the idea that among all the plans heretofore proposed for improving our system of medical college instruction, none have had for their object the avoidance of "the repetitional system," and "the substitution of a system of *development*," therefor. This is certainly a mistake. So long since as the year 1850, we wrote and published a little volume, entitled "A History of Medical Education and Institutions in the United States," with a Chapter on the "Condition and Wants of the Profession."

If Dr. Stille and his colleagues on the Committee will take the trouble to look over the pages of that work, they will find the proposition to exchange our present *repetitional* college system for one of true *development*, not merely hinted at, but most clearly and emphatically urged upon the attention of the reader.

To aid the memory of our readers, we quote as follows, commencing on page 218 of the History referred to:—

"If we would ever raise the medical profession to that condition, in regard to learning and practical skill, which justice to itself and the community imperiously require, two things must be done:—

1st, All those medical colleges that are so located as to afford their students the necessary facilities for the study of anatomy, healthy and morbid, and the free access to well-regulated hospitals, must not only double the length of time during which their lectures continue, but such time must be suitably divided into minor terms. Thus, if the colleagues in all our large cities would continue their course of instruction through nine or ten months, dividing such time into three sections, and assigning four distinct branches to each section, thereby occupying four hours each day in the lecture room, instead of six, and requiring the student to spend the remaining two hours in clinical study at the hospital, including dead-house observations in morbid anatomy, and personal practice in physical diagnosis, they would not only present the requisite facilities for obtaining the right kind of medical knowledge, but would also give the student a chance to avail himself of those facilities. The different branches should be so grouped in the three sections, that all students studying three years would find it profitable to take tickets, and attend on one section only each year of his study.

With such a college arrangement, the student would be enabled to take up four branches each successive year of his study, and by confining his attention to these, both during his attendance on the college and in the interval, instead of skimming each year over the whole field of medical sciences, he would make himself thoroughly acquainted with each in its turn, and, at the same time, acquire a mental discipline, far superior to that obtained under the present arrangement.

At present, first course students, many of whom have scarcely studied long enough to learn the number of bones in the human skeleton, are compelled to pay for tickets and listen to lectures on practical medicine, surgery, and midwifery, before they have the slightest knowledge, either of the organs diseased, the remedies recommended, or the anatomical structures operated on. In a word, they are set to laying the foundation, building the superstructure, and putting in the furniture, all at the same time—a task as difficult as it is absurd. But let the whole annual session be lengthened and divided, in the manner proposed, and students, in the first year of study, can take the tickets for that section adapted to their period of progress, and concentrate all their attention on a thorough mastery of anatomy, and the other more elementary branches; those in the second year would take the tickets of another section, adapted to their stage of progress, and spend their time between the lectures in paying special attention to morbid anatomy and pathology, illustrated by post-mortem examinations; while those in the third or last year, having thus laid a systematic foundation, would take the section embracing instruction in the more purely practical branches, and be able to devote all their time out of the lecture room to genuine clinical medicine and surgery at the bedside. Such an arrangement would require the student to attend the college no longer in any one year than he does now, would compel him to attend no more branches at one time than he could profit by to the greatest advantage, and yet would give him ten months of college instruction during his period of study, instead of eight, which is now required."

In our estimation, this plan has many advantages over that proposed by the Committee in their circular. It calls for a greater division and more perfect grouping of topics, while it embraces an equally extensive field of instruction, without necessitating the inconvenience of *bi-ennial* instead of annual *commencements*, and the still greater inconvenience of compelling the student, in all cases, to attend the same college two consecutive terms, or have all his courses of instruction broken and incomplete. The plan of college instruction proposed by us, also more fully meets the wants of the profession and the deficiencies of the present system. What are these wants?

So far as medical colleges are concerned, they are first, the presentation of a less number of topics to the mind of the student each day in the lecture room, and the allowance of more time for dissection, clinical instruction, and reflection. Second, such a division and extension of the annual college terms as will enable students, attending their first course, to attend lectures on such branches only as are adapted to the period of their advancement; while those listening to a second course should have another series of branches, and so on in consecutive order until fitted for graduation. Examinations should be made at the end of each division of the annual college term, and no student should be allowed to proceed in attendance on a second or third division of the term until he had borne a satisfactory examination on all the branches included in the preceding division. The adoption of any system by our colleges which would supply these wants, or more properly, accomplish these objects, would speedily reduce the study of medicine to a strictly methodical, progressive, and *developmental* process. It would compel students every where to commence certain branches and master them, before they could proceed to others. It would completely destroy a most pernicious practice, long prevalent, especially in the West; which consists in the desultory study of medicine from eighteen months to two years, the attendance on three or four months of lectures, during which they *skim* over the whole field, and then forthwith engage in practise, without presenting themselves either for an examination or a degree. The adoption of such a system would also enable the faculty of each college to include in its curriculum of instruction, for *each collegiate year*, all the branches proposed by the Committee, of which Dr. Stille is chairman, and discuss them as fully as he proposes to do in two years.

The two great and paramount evils of our present system of medical college instruction, are, first, the inadequate time allowed in a session of four or five months, to present the various branches of medical science in that degree of detail which is desirable; and second, the grouping together of students in all stages of progress in their study of medicine, and lecturing to them daily on six or seven different topics, by which the novice who has not yet studied six months listens, on the same day, to instruction in the elements of Anatomy and Physiology, and in the most complex theories and phenomena of Practical Medicine and Surgery. In the first serious efforts to improve our system of medical education, resulting from the organization of the National Association, it was proposed to remedy these evils by lengthening the annual college terms to six months. But it is easy to perceive that, if in adopting a *six* months' term, the number of lectures are reduced so as to admit of adequate attention to dissection, physical diagnosis, and clinical instruction, the diminished number per day would fully offset the increased length of term, and hence there would be no positive gain in the extent or fulness of the several courses; therefore, the first evil would remain with but little amelioration. On the other hand, if from a desire to extend the several courses, the same number of daily lectures are continued, the second evil remains in full force, being only aggravated by protraction through a longer period of time. The plan proposed by Dr. Stille remedies, in part at least, the *first* great evil named, by really extending the several courses of lectures to a greater length and completeness; but it leaves the second, and *greater* evil, entirely unmodified. We should be compelled, therefore, to object decidedly to its adoption. If we are to have any remodeling of the general curriculum of medical college instruction in our country, it should be done with a full comprehension of the evils to be obviated and the benefits to be gained. After years of reflection, and some personal experience in the business of teaching, we are more than ever satisfied that the plan, set forth in the extract quoted above, presents the basis of a system more perfectly adapted to the wants of the profession than any other which can be devised. It provides a length of college term sufficient to permit the presentation of every important branch of medicine as fully as is desirable; and yet allows time, out of the college lecture room, for dissections and clinical observations. It causes the lectures on the several branches to be given in a consecutive order, according to their natural relations and dependencies, thereby causing the whole course of study to be one of method and true progressive development. Without increasing the pecuniary burdens of the student, it enables him to attend each year, that division of the annual college term *only*, which includes instruction on those branches that belong to his particular period of advancement in his pupilage. By adopting such a lengthened college term, subdivided into sections, other advantages would be gained of much importance.

There are certain portions of the instruction which should be given in connection with all our colleges, that can only be given to a limited number at one time. We allude to instruction in minute anatomy, whether healthy or morbid, by means of the microscope; to individual training in physical diagnosis, which is the only method by which the student can acquire any adequate degree of knowledge in that important department; and to true hospital clinical instruction at the *bedside* of the sick. Only a very limited number can receive instruction in either of these important departments at one time; and hence it is almost impossible to make any arrangements by which a class of 400 or 500 students, in all periods of advancement in study, can receive that personal attention in these departments which is absolutely necessary for their proper qualification to practice the healing art. If, however, we extend and subdivide the annual college term, in such a manner that the 400 or 500 can be divided, according to the period of their studies, between the several sections of the collegiate year, there would be in attendance on no one section or subdivision of the term, so large a number as to prevent their full and thorough instruction in every important department; and yet neither the aggregate number of students in attendance on the college during the year, nor the pecuniary receipts would be diminished. Neither would the adoption of such a system necessarily require the support of a larger number of professors in connection with each college; for the duties devolving on the several chairs, being discharged during successive sections of the annual college term, there would be no inconvenience in having the same teacher fill a chair in two successive sections of the college term. On the contrary, such a course, in reference to some of the departments, would doubtless secure the highest degree of uniformity and completeness in the courses of instruction given.

That the system of medical college instruction in this country needs revision, is obvious to every intelligent and reflecting member of the profession; and we most sincerely wish that a conference of delegates from the several colleges could be held, to give the whole subject a candid, thorough, and liberal consideration.

Prevalence of Disease.

From many of our correspondents in different sections of

Illinois, Indiana, and Iowa, we learn that pneumonia is quite prevalent in their respective neighborhoods. This is what we should expect on the decline of a winter so protracted and intensely cold as that of 1855–6. Several of the correspondents also mention the coincident prevalence of Typhoid Fever to an unusual degree. Dr. J. N. Higgins, of Griggsville, in this State, writes: "We have had considerable pneumonia in this vicinity recently, and in many cases where the fever was pretty active, I have used the tinct. veratrum viride with perfect success. Also, in a severe case of inflammatory rheumatism, when the cimicifuga was not at hand, an administration of the tinct. of veratrum, until nausea was produced, at once checked the disease. I use a tincture prepared by J. H. Reed & Co., of Chicago, which I consider fully equal to Norwood's, and at less than half the price. In several instances, I have commenced with drop doses, increasing one drop each dose, until nausea was produced. In no instance have I been disappointed in its controlling influence upon the heart's action, as well as in its diaphoretic power." Other practitioners speak equally favorable concerning the value of the veratrum in the treatment of active, febrile and inflammatory affections. In this city, during the last half of February and the first week in March, attacks of pneumonia were unusually frequent in *young* children.

We have noticed, also, during the same period of time, an unusual number of attacks of sub-acute meningitis, in children under two years of age; and in several instances the pneumonic and cerebral inflammations existed co-incidently in the same cases. During the first week in March, we met with two or three well marked and severe cases of pernicious or malignant intermittents.

De Witt County Medical Society.

At a meeting of the physicians of De Witt County, held pursuant to previous notice) in the office of Drs. Goodbrake & Edmiston, at Clinton, March 8th, 1856, on motion of Dr. Goodbrake, Dr. Crist, was called to the Chair; and on motion of Dr. Madden, Dr. Goodbrake was appointed Secretary.

On motion of Dr. Goodbrake it was

Resolved, That we deem it expedient to proceed to the organization of a County Medical Society.

On motion of Dr. Goodbrake, the Chairman appointed a committee, consisting of Drs. Goodbrake, Stewart, and Wright to prepare a Constitution and By-Laws, with the request to report to this meeting at its afternoon session.

The meeting then adjourned until 2 o'clock, P. M.

AFTERNOON SESSION, 2 o'clock, P. M.

The meeting met as per adjournment, and was called to order by the Chairman, when Dr. Goodbrake, from the committee appointed at the morning session, reported a Constitution and By-Laws, for the government of the Society, which was unanimously adopted.

On motion of Dr. Stewart, the meeting then proceeded to elect officers (in accordance with the Constitution just adopted) for the ensuing year, which resulted in the election of the following gentlemen, viz.:—

Dr. C. Goodbrake, of Clinton, *President.*
" E. Stewart, of Waynesville, *Vice-President.*
" Z. H. Madden, of Clinton, *Secretary.*
" W. W. Adams, of Clinton, *Treasurer.*

Dr. J. B. Hunt, of Waynesville, Dr. J. H. Tyler, of Marion, and John Wright, of Wappello, *Censors.*

The meeting then, by vote, resolved itself into the De Witt County Medical Society.

The President elect, on taking the chair, delivered a short but pertinent address, making some appropriate remarks on the benefits which would accrue, both to physicirns and their patrons, from proper medical organizations.

Dr. Stewart then presented a table of charges or fees, which had been previously prepared, and which was, after an animated discussion, in which most of the members present partook, unamimously adopted.

On motion of Dr. Stewart, it was

Resolved, That we adopt the National code of Ethics, and that the members of this Society be governed by the same in all cases.

On motion of Dr. Madden, the Society then proceeded to the election of delegates, which resulted as follows:—

Delegates to the Illinois State Medical Society, Dr. D. O. Crist, Dr. T. K. Edmiston, and Dr. Z. H. Madden.

Delegate to the American Medical Association, Dr. J. H. Tyler.

The President then appointed Drs. Jno. B. Hunt and John Wright, to write each an essay on some medical subject, of their own choice, to be read before the Society at its next meeting.

On motion, the Secretary was requested to furnish a copy of the proceedings of this meeting to the editors of the De Witt Courier and the North-Western Medical and Surgical Journal, with the request to publish the same.

On motion of Dr. Lewis, the Society then adjourned to meet again in quarterly session at Waynesville, on the first Monday in July, at 10 o'clock, A. M.

C. GOODBRAKE, M.D., *Pres.*

Z. H. MADDEN, M.D., *Sec.*

Scarlatina Treated with Oil of Turpentine.

In a recent letter from Dr. J. S. Collings, of Boxley, Ind., he says:

"I have recently had many cases of Scarlet Fever. In treating them I used internally spts. turpentine, one part spts. nit. dulc., two parts, of which I give 15 or 20 drops to a child two years old, while the fever remains high, repeating it every two hours. I also apply externally to the throat, an equal mixture of vol. liniment and oil of turpentine, until the surface is nearly blistered. If ulceration of the throat takes place, I apply diluted spts. turpentine internally. It (the turpentine) is the best remedy I have ever found for Scarlet Fever. If the pulse was very quick and the fever high, by giving it freely for twelve hours, the turpentine would reduce both very promptly. If it will only succeed in other's hands as it has in mine, Scarlet Fever will be no more difficult to manage than the chills are with quinine. Please give it a trial.

Yours, &c."

To Correspondents.

Communications have been received from Dr. G. W. Adams, of Clinton, Ill.; Dr. S. O. Long, of Big Rock, Ill.; Dr. C. A. Hathwell, Virginia, Ill.; Dr. L. C. Lane, of Henderson, Ill.; Dr. D. W. Stormont, of Illinois; Dr. G. W. Hall, of Bainbridge, Ind.; and Dr. J. S. Collings, of Boxley, Ind. Letters merely remitting money, are sufficiently acknowledged in the list of receipts on the second page of the cover. Dr. H. G. Dunbar writes us some good advice, and among other things, complains of the *non*-reception of the January number of the Journal. His letter is dated "Beardstown, Feb. 25," and postmarked "Lancaster, Feb. 28." We have examined our mail list for each of the above places, but find the name of no such subscriber. At what post-office does Dr. Dunbar receive his Journal?

Notice to former Subscribers.

Some months since, notice was given that the names of all subscribers on our mail list, who were indebted for the Journal more than *one* year, would be stricken off on the first of Feb., 1856. In accordance with this notice, we have crossed off 215 names, not one of which has had any credit on the books during the last *four years.* They consequently stand indebted for volumes 1, 2, 3, and 4. As *three* of these volumes belong to the former Publisher, Mr. J. F. Balantyne, he has taken the accounts into his own hands, and will endeavor to collect them as he sees proper. All letters, however, in relation to the business of the Journal since January, 1855, should be addressed exclusively to N. S. Davis, Chicago, Illinois.

New Medical Journal.

We have received the first number of a new Journal, published at Detroit, Michigan, under the title of "The Medical Independent and Monthly Review of Medicine and Surgery." It is edited by Henry Goadley, M.D., F.L.S., &c. &c.; Edward Kane, M.D. and Prof.; L. G. Robinson, M.D. Published monthly by S. D. Elwood & Co., Detroit. Terms, $2,00 per annum.

Circular.—American Medical Association.

The Ninth Annual Meeting of the American Medical Association will be held in the CITY OF DETROIT, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted Medical College or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

Medical Journals, &c., please copy.

WILLIAM BRODIE, M.D., Detroit, Mich.,
One of the Secretaries.

ERRORS.—In the list of graduates published in the February number of the Journal, the name of J. N. Higgins, of Griggsville, Ill., was accidentally omitted.

The address of Robert Winton was given "Wheeling, Va.," which should have been Wheeling, Ind.

BLIC LIBR

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. APRIL, 1856. NO. 4.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Synopsis of Yellow Fever, with its Pathology and Treatment, as it appeared at the Marine Hospital, Quarantine, N.Y. during* 1854 *and* 1855.—By THEOD. WALSER, M.D., Assistant Surgeon.

The first cases of yellow fever were received by the Empire City, from Havana, when four patients were admitted July 4, of whom two died and two were discharged. All of these were Americans, and residents in Cuba during the prevalence of the epidemic there, and to escape which they embarked for home. No more were received until the Augusta, from Savanah, anchored on August 29. She had lost one man, a passenger, during her voyage, and eight more sent to the Marine Hospital with yellow fever, during the time of her Quarantine. Only a few days afterwards, the Alabama, the Knoxville, the Florida, and subsequently the James Adyer, the Pocahontas, the Southener, the Columbia, all from Savannah or Cuba, left in altogether fifty cases in our care, of whom twenty-four died and twenty-six were discharged. During the whole summer, no other cases occurred in this Hospital or on board of any vessel but those named above who came from an infected part. We except, however, a New York longshoreman, who was engaged in unloading the cargo of an infected vessel, and who, while on board, was attacked with the disease and died of yellow fever, although he had never left New York. In 1855, ten cases came under our observation and treatment; five of these were received from vessels from New Orleans, two from small coasters between James River and New York, two more of railroad from Norfolk, and one from the United States ship Falmouth, from Key West. All were sailors with the exception of two, who came by railroad. The first five were ashore in New Orleans or Cuba, and attacked in from one to five days after leaving port; the two from the coasters never came nearer Norfolk than six miles, the wind blowing from that direction; of the two cases received by railroad, one, Mountani, was attacked immediately after arriving in New York, and the other, three days after leaving Norfolk. Among those whom we received here, we regret that very few came under our treatment at the commencement of the disease—almost all were in an advanced stage already, and many were admitted in a hopeless condition.

From what we could learn of the patient, and from what we observed, we had premonitory symptoms only in a few cases, and then of such character that they could scarcely be defined. In almost all the cases the disease was suddenly ushered into existence with pain in the head, pain in the back of the neck, and small of the back, languor, &c. Sometimes with a short chill, but more frequently not even with this. The attack was generally so sudden and so violent, that any further labor and exertion became impossible, and scarcely was the patient able to continue his usual occupation even a day after its onset. The character of the disease manifested itself further, in an excited, frequent, full and strong pulse, injection of the conjunctiva, the weary eye suffused with tears, the prominent, lustrous cornea, the coated tongue, first thickened and white, afterwards whitish, with clean red tip and edges, the flushed face, hot skin, and general debility.

After the lapse of the first twenty-four hours, a slight remission ensues, headache partially disappears, the pain becomes somewhat milder, the injected eye loses its lustre somewhat, but to the careful observer, the brilliant conjunctiva is slightly tinged with sulphur-yellow, the red tip and edges of the now more thickly coated tongue become more distinctly visible, the pulse becomes feebler and often slower, a slight heaviness in the epigastric region, pain on pressure, a morbid excitability or restlessness, and at the same time a general debility and weakness follow the first attack, which scarcely admit this so called stage of remission to be considered an amelioration of the symptoms.

So uniform as the initiatory symptoms of yellow fever may be, so widely will they differ after a lapse of twenty-four or thirty-six hours—for in the more malignant forms, black vomit may then set in, and the patient in a few hours more is a yellow corpse; in others, not so rapid in their course, the same order of symptoms continues with scarcely any alteration, for two, three or six successive days, when suddenly the patient is taken with a chill, and in an hour or two he is a corpse. Among these latter cases, I remember particularly a Norwegian sailor, sick for four days—pulse 92, full—his eye but slightly tinged, and only a remaining dulness and stupidity, warning the physician of the danger—he was suddenly taken with a violent chill—shivering as if with common ague—an hour afterwards he was a yellow corpse—the autopsy revealing all and only the characteristics of yellow fever. In other cases, again, the patient becomes more dull and stupid—indifferent to himself and all around him—his pulse remains from 100 to 120—full, but irregular. The watery eye becomes by degrees more and more yellow, until the conjunctiva presents a deep orange color. The surface of the body itself gradually participates in this discoloration—the secretion of urine is scanty, yellow, and oil-like—the gums begin to bleed—the tongue resembles raw beef, coated with purple blood—thick, black sordes cover the teeth, the upper eyelids become gradually blue, (ecchymosed)—small purple spots of the size of a hemp seed (ecchymosis) appear, chiefly on the face, breast, and back. Black vomit or egurgetation of a copious, brownish mass (vomito) takes place—stools even participate of the character of black vomit—copious, bright, black, gelatinous evacuations follow; his eyes, before watery, now exude a bloody serum—his nose, his ears begin to bleed—until, indifferent to life or death, the patient sinks to his grave.

But not all the cases which we have had the misfortune to lose, died in this manner; some retained their power of mind almost entire. After a few days, the initiatory symptoms and pains leave the patient, and only restlessness, want of sleep, and a general uneasiness remains—his pulse remains quick—his eye deepens its yellow hue. The patient is able to converse on all and every topic rationally—his animal propensities may even be increased, but still the experienced physician sees in his eye and face, death lurking, and soon, too soon, finds his fears verified in the black vomit, the never-failing precursor of approaching death. But even this does not concern the patient, he ejects it as tobacco juice, with equally as much ease and force, until suddenly and unexpectedly he dies. Others, with the same tranquility of mind, and the same symptoms, show approaching dissolution in the bleeding gums, mouth, ears, and nose. The prognosis of an uninterrupted convalesence, could only be made in five or six days after the first attack of the disease, although even at an earlier period we may reasonably entertain hopes of a favorable issue. In these cases the pain in the back and head gradually disappears, the mind becomes clearer and more rational—the pulse becomes slower, but feeble and regular, falling, in most cases, even far below the normal standard, (a symptom which I never observed in any case that ended fatally). The tongue changes to a more uniform color, the red tip and edges disappearing—the secretion of urine becomes more free and copious, mostly leaving a whitish sediment on the bottom of the vessel—his excrements are brown, feculent, and semi-fluid. The physiognomy loses its stupid and drunken appearance—the yellowness of the skin and eyes, never very intense, gradually disappears—the patient desires to eat, relishes his food, and after ten or twelve days may be considered out of danger. In few cases only the convalescence is prolonged to a much longer period.

POST-MORTEM APPEARANCES.

In all the cases the body was of an intense yellow, more so than during the last moments of the patient's life; the lower depending parts of a bluish-purple, sprinkled with round, bluish black spots (sugillations) of the size of a pin's head, less marked, and frequently entirely wanting on the upper surface —the scrotum, the ears almost black—frequently a dark blood flows from the mouth and nose—the body retains its heat for a longer time than usual—when cold, it becomes rigid—upon incision, the fatty covering appears of an intense yellow color—the muscles are dark—the opened vessels bleeding—the flowing blood almost black, (brownish-black).

Head.—The incised scalp bleeds freely—after removing the cranium, the dura mater found thickly coated with blood, drops of which appear dark blue. The suljacent arachnoidea is so intensely congested, that the brain appears covered with blood, and in some places even amounting to extravasation of one or two lines thickness. By removal of the brain, from ℥ij. to ℥iv. of bloody yellowish serum escape from the base of the brain, which thereby being less congested, presents the peculiar appearance of a floating cobweb, if a stream of water be poured upon the serous investment of its basial portion. In one instance only, we found this congestion less intense, and in that case, the patient was treated with cups and the continued application of ice to the head. The substance of the brain is universally normal—the incision followed with innumerable points of blood—the ventricles empty—the plexus choroides congested. This state of things was so uniform, that I know of no exception.

Thorax.—In the opening of the thorax, care had to be taken not to open the larger vessels, as these almost always bled copiously and profusely. The lungs were in sixteen out of twenty cases normal, the lower part usually slightly congested, and in a few cases the surface of the lungs was covered with dark spots, of the size of a pea to a hazel nut; these spots corresponding to round, well-defined spleen-like spots in the parenchyma of the lungs, and only observed towards the periphery, and never towards the centre of the lungs. The costal pleura always congested and reddish—in the pleural cavity itself, in six cases, from a half to one pint of fluid blood was found, the blood being more serous in its character than is natural, evidently the result of transudation through the costal pleura—the inner lining of the larger vessels, brick-red and deeply injected. The heart, in the most malignant cases, flabby and soft in its texture—the auricles and the ventricles filled with partially coagulated blood, but in no case could we find the fibrinous clot. The endocardium was in six cases covered with vibices, or there was an extravasation of blood into the cardiac structure, immediately beneath the endocardium, since, on removal, this membrane appeared normal in character. In the pericardium was found, generally, from ℥i. to ℥iv. of yellow serum—the membrane itself, normal and healthy.

Abdomen—Liver.—The liver was in all cases a bright, uniform yellow, and on section, somewhat less yellow internally—of normal size and consistence, and slightly fatty; in only a few cases we found it softened, and then I attributed it to incipient decomposition. The lower surface of the liver was uniformly of a purplish-blue, this color extending only one or two lines in depth. The gall-bladder filled with a semi-fluid, greenish-brown bile—the mucous membrane of the gall-bladder slightly congested. *Spleen* was in all cases normal, rather of a brownish-red cast, otherwise, exhibiting nothing unusual. The kidneys were normal, the cortical substance generally yellowish and pale—the pyramids unusually distinct. Bladder generally empty, or containing very little yellowish acid urine.

Stomach and Intestines.—In almost every case we found the stomach to contain black vomit or blood, no matter whether the patient vomited it before his death or not. In two cases we found it full of blood, these having taken large doses of soda bicarb. before they died. The mucous membrane of the stomach appeared, in some cases, of a greyish color, in more cases it was of a brownish hue, and in a few cases it was found somewhat softened and thickened; the softening, however, not of sufficient degree and character to warrant the diagnosis of inflammation. About the pyloric extremity most frequently, but in a few instances towards the cardiac orifice, a large number of minute red spots could be seen, apparently radiating from a centre, and having an arborescent appearance. I found no other constant lesions. In one case only was there ulceration and entire removal of the mucous membrane, to the extent of a three cent piece, in three or four different points, and in this case no black vomit was found in the stomach, the patient having died, some fifteen days after the first attack of the disease, of a typhoid (continued) fever. In a few cases, ecchymosis was found in the stomach.

The duodenum and jejunum were generally of a uniform appearance with the stomach—much injected—in some few instances so much so, that they appeared of a blood-red color, in which the individual vessels scarce could be distinguished; their contents were the same as the contents of the stomach, only mixed with more mucus and bile, and they seemed to have changed their character from black vomit to a semi-fluid, gelatinous and homogeneous mass, of a chocolate color. Brunner's glands and the solitary glands were universally enlarged and elevated. In the ileum was found the same blackish mass, intermixed with which small portions of fæcal matter might occasionally be observed, which had lost neither its peculiar color or appearance.

In the colon and rectum, the mucous membrane appeared merely congested, and their contents the same as in the small intestines, only with a larger admixture of fæcal matter.

I have thus given a summary of all our cases, none deviating from the general type, although the one or the other may have differed in an individual particular, or in having one or the other lesion more developed.

Treatment.—Immediately after the first onset of the disease, if on board or ashore, physicians and patients were equally anxious to meet the approaching enemy with a brisk cathartic of calomel—only in some six or eight cases, a large dose of ol. ricini was administered in its place.

Although no one can doubt the expediency of giving a cathartic at the onset of the disease, it is certainly no way clear in my mind which of the two deserves preference. If we consider the peculiar yellow tinge, that the conjunctiva and afterwards the body assume—the fact which I repeatedly tested, that in an advanced stage of yellow fever the peculiar coloring matter of the bile may be detected in the serum obtained from the pericardium after death, or from the serum of a blister during the stadium depressionis—if we consider also the engorged state of the liver, which we invariably find in our autopsies, we may certainly find a reason for prefering calomel to promote the secretion of bile, and to relieve the liver of its congestion. But if we consider, on the other hand, the peculiar dissolution of the blood, the tested fact, that in yellow fever the blood loses its fibrine and its tendency to coagulate, in consequence of which the capillaries are unable to retain the blood in its proper channels, and transudation necessarily ensues in all vascular, and particularly in all serous membranes, then we hesitate to employ an agent whose acknowledged virtue is to deprive the blood of its tendency to fibrinization and organization; besides this, I am by no means convinced that this structural change of the liver is primary. On the contrary, from the fact that the initiatory symptoms necessarily must arise from a peculiar morbid state of the nervous systems and their centers, viz: the brain and solar plexus, with consequent congestion, manifest in the injected cornea, wakefulness and uneasiness, fulness in the epigastrium and pain in the back; and again, from the fact that the peculiar coloring matter cannot be detected in the stadium invasionis. I am more and more convinced that this peculiar change in the liver is dependent upon this morbid state of the nervous system, and consequent dissolution of the blood. The reason why we find at a later period, the coloring matter of the bile in the serum of the blood, may be attributed to the universal suppression of all normal secretion, and the yellow discoloration of the skin and conjunctiva may partly arise from the presence of the coloring matter of the retained bile, and partly from extravasation and undue proportion between arterial and venous blood. Perhaps this may be more clearly expressed by saying that during the exhalation from the capillaries, hæmatine, changed from its normal condition, is exuded into the areolar tissue, and there produces the yellow discoloration. That this exhalation is changed in its character, we have ample evidence in the deep yellow serum, somewhat blood-like in character, found in all the serous membranes arising from the extravasation of the disorganized blood; and that a blood-like extravasation, if imperfectly absorbed, produces this yellow color, we see in the yellow patches of purpura hæmorrhagica and in bruises coming every day under our observation.

As I observed, the first remedies employed were calomel or ol. ricini; each one operating as cathartic, and producing copious brownish black stools.

In four cases, after the cathartic, only soda bicarb. was used. In one only can I report a happy result. In others it had the effect of changing the black vomit to bright red blood. In the autopsies of these cases, much blood was found in the stomach, and also, to some extent, in the intestines.

In all other cases, large doses of quinine were administered immediately after the stadium invasionis and the operation of the cathartic. This treatment was continued for several successive days, and careful and diligent observation leads me to believe *that whatever success we had in our treatment, we owe it to this remedy alone, at this early stage.* The use of quinine in yellow fever has as many and powerful advocates as adversaries, and although the view of a miasmatic cause impressing the nervous system, and producing the above-named pathological results, absolutely demands its employment, I am, nevertheless, not entirely satisfied that these views are correct, or that this peculiar nervous depression is dependent upon that ill-defined cause which we express by the vague term of *miasm.* I had often opportunities to compare the close resemblance of the initiatory symptoms of pernicious, remittent, and yellow fever, and more particularly the afore-mentioned fact, that yellow fever frequently terminates in an actual paroxysm, immediately followed by death; all of which might induce me to classify yellow, remittent, and pernicious fever under the general head of miasmatic fevers, and therefore employ the same "specific" for one and all. But if I consider the vast difference of the post-mortem appearances, no reasoning power, or even experience, could induce me to classify these diseases under one and the same head.

In remittent fever, the corpse is of a greenish-yellow, but in yellow fever it is of a deep yellow, with innumerable sugillations and ecchymoses, never found in the former. In intermittent fever, the blood is brick-red and watery; in pernicious fever, dark, with firm, fibrinous clots in the heart and larger vessels; in yellow fever, it is brownish-red, forming very imperfect coagula in the heart, and never a fibrinous clot; rarely can we find a vestige of a jelly-like substance. The spleen in intermittent, enlarged and solid; in remittent fever, enlarged and so soft that the fingers pass through it in the attempt to remove it; in yellow fever, it is small and normal. The liver of remittent fever, is bronze-colored, and enlarged and soft; in yellow fever, intense yellow, hard and small. I mention here only the principal pathological lesions of both diseases, but to my mind, sufficient to show the vast difference between yellow and remittent fever; the remedy for the one must not necessarily be the remedy for the other, or more probably, cannot be the remedy for the other. Yellow fever bears far more resemblance in its ultimate results to purpura hæmorrhagica, although the cause and the first symptoms differ widely from each other; this resemblance may also account for the use of tinct. ferri sesquichloridi, once so much in vogue during the epidemic in Savannah, in 1854.

Notwithstanding all this, I shall employ quinine in every case coming under my observation and treatment, until I find another agent better adapted to counteract this peculiar nervous impression, and to prevent the dissolution of the blood, with the consequent organic changes.

Our attention being further called to the constant lesion of the congestion of the brain; we applied leeches to the neck and head; and more particularly the ice-cap, which was universally followed by relief. Leeches to the epigastrium, so highly recommended by some writers, were also employed in a number of cases, and were generally followed by relief of the fulness of the epigastrium, and what was more remarkable, always relieved the pain in the back; care had to be taken with their application, as it was almost impossible to stop the bleeding.

Of unquestionable benefit I considered, in practice, never to allow the patient anything to eat during the first week of his illness: in two cases, where this strict rule was not observed, the patient's life was sacrificed in consequence.

I have endeavored to give a brief synopsis of our cases, with their pathology and therapeia; I am fully convinced of its imperfections, and more particularly as respects chemical analysis of the different secretions, and especially the blood, and also careful microscopical examinations of all the pathological products, so necessary to arrive at anything like a truthful result in our observations and studies; for only a thorough knowledge of the pathology of a disease can lead to a sound and rational therapeia.

ARTICLE II.—*Notes to serve as the basis of an Essay on the Effects of Dislocations, Sprains, and Fractures into or near the Elbow-Joint.* By J. W. FREER, M.D., Professor of Anatomy in Rush Medical College.

There is no fracture or dislocation more difficult to diagnosticate with certainty, or to treat with success, than those of the elbow; none which more frequently leave behind, no matter with what skill and care the treatment may have been conducted, more or less of deformity and imperfection in the movement and strength of the member.

These defects we do not propose to consider in general, but only in so far as they are peculiar to the injuries of the elbow-joint, as they seem to have been passed lightly over by surgical writers.

Sir Chas. Bell, speaking of fractures of the humerus, which extend into the elbow-joint, says, "Begin early to move the joint, or you will have anchylosis," and he adds, "this is an unlucky case for a young practitioner. The inflammation runs high, and stiffness of the joint and deformity is likely to be the result."—*Institutes of Surgery.*

Sir Astley Cooper says, in reference to fractures of the elbow-joint, that passive motion should be used to prevent the occurrence of anchylosis, and adds, "but even after the most careful and judicious means that can be adopted, there is sometimes considerable loss of motion; and when the accident has not been understood, or carefully treated, the deformity and loss of motion becomes very considerable."—*Dislocations and Fractures of the Joints.*

Samuel Cooper describes stiffness of the elbow-joint as a frequent result not only of fractures, but also of sprains and dislocations.—*Surgical Dictionary.*

Dessault quotes Petit, Heister, and Duvernay, to show the extending of a fracture into a joint, is an extremely dangerous complication, and says that anchylosis was regarded by them as the most favorable termination which could be expected.—*Surgical Works.*

Chelius, on the subject of fractures through the condyles of the humerus, says the inflammation is always very considerable, and often the motions are interfered with, or completely destroyed.

A recent writer says, in regard to fractures in the elbow-joint, "Under all the circumstances in which this form of accident occurs, it is right we should be prepared for the possible loss of the articulation."—*Skey's Operative Surgery.*

Gibson states, in regard to the same accident, "The injuries are often followed by high inflammation, anchylosis, and deformity of the whole arm."

Sanson, in his extremely elaborate work, says, "The prolonged repose of a joint, during the treatment of fractures, particularly if they are near the extremity of the bones, give to the surrounding parts such stiffness that the muscles, weakened by long inaction, cannot overcome it; and if this resistance is overcome by force, it produces a rough sound caused by the friction of the surfaces, accompanied by severe pain."—*New Elements of Medical and Surgical Pathology.*

Boyer, on the same subject, remarks, "Simple fractures always leave behind a stiffness, which sometimes is sufficiently considerable to merit the name of anchylosis. If the fracture is near a joint, the danger is increased; and if the member is kept in a dressing much longer than the usual time, the rigidity of ligaments and surrounding tissues may be such that it will be difficult, if not impossible, to re-establish the movements. Moreover, the articular surfaces, if left in this state, may adhere and form a complete anchylosis."—*Treatise on Surgical Diseases.*

The authors we have cited, express the opinions of surgical writers on the subject; and it is perhaps unnecessary to cite more, but we will add that of Malgaigne, whose work on the subject of fractures may be justly regarded as paramount authority on all points of which it treats. Speaking of fractures of the internal condyle of the humerus, he says, "The inflammation of the elbow draws after it, in the cure, almost inevitably a stiffness of the joint, which is very obstinate;" and again, "The prognosis is not serious in what concerns the fracture; but it must be known that stiffness of the joint is almost inevitable."

One essential point of the treatment, is to guard against anchylosis.—*Treatise on Fracture.*

It will be scarcely necessary to cite authorities to show that atrophy is a constant attendant on joints stiff from fracture, dislocations, and sprains. Physiology teaches us that whenever, from any cause, the muscles of a member are incapable of acting, atrophy is the inevitable result.

Marjolin and Hunter have, however, dwealt in so distinct a manner on the effect of injuries, that I will cite a few words from each. "It is not rare to see atrophy of a member result from a severe injury, and take place both above and below it." Marjolin attributes this atrophy to the injury of the nerves as well as to rest and inactivity of the muscles. It is remarkable that an injury done to tendons, ligaments, fasciæ, and especially of the sprain kind, impairs the muscles more than when the muscles themselves are injured, so that these muscles appear to sympathize with those parts of little action, and become wasted in consequence. The limb wastes and is œdematous."—*John Hunter's Works.*

In case of injury of the elbow, whether fracture of the internal condyle or dislocation, it rarely happens that the ulnar nerve entirely escapes injury, it is either bruised directly or pressed upon by the displacement, so that not unfrequently partial paralysis remains, particularly if suitable treatment is neglected.

Malgaigne says, "In these cases the ulnar nerve is wounded, either, as I think, by direct shock, or according to the opinion of Granger, by the pressure of the apophysis, upon it. Granger cites a remarkable example of this kind. It was a child eight years old, which fell upon the elbow.

The inflammation was violent, and the stiffness difficult to overcome. Nevertheless, three months after the accident, the child had recovered the full use of the joint, but the ulnar nerve remained paralyzed."—*Treatise on Fractures.*

Proper treatment, employed after several years, restored the sensibility and movements of the part. Granger has witnessed the same phenomena in two other cases.

Astley Cooper cites the following case. "I saw a girl, who, by falling upon the elbow, had fractured the olecranon, and also broke the internal condyle of the os humeri; the cubital nerve had also been injured, for the little finger and half the ring were benumbed."—*On Dislocation and Fracture of the Joints.*

The direct cause and nature of the stiffness of joints, resulting from fractures, dislocations, and sprains deserve a moment's notice. This, from whatever cause it may arise, and to whatever degree it may exist, is often called by the general term anchylosis, although there is no propriety in calling a simple rigidity, resulting from long continued repose, by the same term which is used to designate a consolidation of two bones into one. This distinction is kept in view by Samuel Cooper, who remarks, "After the cure of fractures, a certain stiffness generally remains in the adjacent joint, but this is different from anchylosis; but this is lost sight of by most writers, who, in the desire to systematize, have classed together states quite distinct from each other in their nature. Anchylosis, when used to embrace every variety of stiffness, is divided into true and false, and as the latter often results in the former, they are also styled complete and incomplete.

The false, incomplete, or spurious anchylosis may result from contraction of the tendons or ligaments, from effusion of lymph around or into the joint, from absence of the synovia, from long continued immobility, etc. The true anchylosis, as we have stated, consists in the consolidation of the bones into one.

Anchylosis very often occurs after fractures in the vicinity of the joints, after sprains and dislocations, after white swellings, etc. Malgaigne gives, in his work on fractures, a minute description of the successive stages through which the parts surrounding a joint pass after sprains, dislocations, fractures, or other injuries, to the formation of a perfect anchylosis. First, effusion of blood, effusion of lymph, which becomes organized; shortening of the ligaments and tendons, alteration of the articular surfaces, adhesion between them, and finally, ossification. He says, with great justice, that inflammation is essential to the production of this result, and that immobility, too much prolonged, greatly favors it.

Practically, this view is of much importance, as it shows the great value of antiphlogistic treatment, during the period of inflammation, and the absolute necessity of movements being made after this has subsided.

The necessity of resorting to passive movements, for the purpose of preventing the occurrence of anchylosis of the joints, is so apparent, and so much insisted on by surgical writers, it is scarcely requisite to insist upon it here. It is however, so frequently neglected or performed in such an imperfect or insufficient manner, or entrusted to the patient or his friends, when it should be carefully done by the surgeon himself, that it may be well to dwell upon it for a moment. The term "passive motion" signifies movements given to joints by a force foreign to the muscles of the member. Most commonly this force is applied by the hands of surgeons, and may vary in amount, from the slight pressure required in the most trifling cases, to an amount as great as he can well employ. "After the 20th day, Dessault and Ruyer took off the splints, and forced the fore-arm to movements of flexion and extension; and the success which followed this treatment, is a peremptory reason for its imitation."—*Malgaigne.*

Anchylosis after injuries, is to be guarded against, not only by "passive motion" but also by regulation of the position. After fractures or injuries of the elbow joints, this articulation should be kept flexed at about a right angle with the arm. "What is most important to be known in this case is, that long continued rest only leads to anchylosis when the member is extended. The fore-arm should be kept bent to a right angle." —*Malgaigne.*

"When the elbow cannot be prevented from becoming anchylosed, the joint should always be kept bent."—*Cooper's Dict.*

In these cases the joints must be kept bent angular, splints applied, and antiphlogistic treatment made use of.—*Erichson, p.* 251.

Not to dwell unnecessarily on a point not disputed that I know, let the opinion of Sir Astly Cooper in addition suffice: "The treatment consists in bending the arm. The best splint for it is one formed at right angles, the upper portion of which should be placed behind the upper arm and the lower portion under the fore-arm."—*On Dislocations and Fractures of the Joints, p.* 402.

TREATMENT OF THE RIGIDITY WHICH FOLLOWS INJURIES OF THE JOINTS.

While surgical writers and teachers are pretty unanimous in regard to the method of preventing anchylosis after sprains, dislocations, and fractures—the same unanimity does not by any means exist concerning its treatment after it has been allowed to take place. We have seen how great is the liability to stiffness and anchylosis with good care: without it, they are inevitable.

Ignorance of the practitioner, and want of docility on the part of the patient, are often causes, but more frequently the surgeon, guided by the authority of other times, trusts to inert and insufficient remedies. Fomentations, frictions with various kinds of oil, warm baths, mineral waters, etc., are the remedies often relied upon. Malgaigne has fully done justice to this kind of treatment. Speaking of it in connection with trusting to time and use of the part, he says, there is nothing more empirical and more dangerous than these modes of treatment. *The only remedy for a stiff joint is movement.*

"If a patient is abandoned to himself with a very slight degree of stiffness, it is simply to condemn him to incurability. I have already cited a sufficient number of cases of this kind; but that which I shall now give, will put the danger of such expectant treatment beyond all doubt." After giving a case, submitted to friction, warm bath, mineral water, which only leaves the member with anchylosis, he proceeds to lay down the rules for proceeding in such cases in the following words:

"*Consequently the surgeon must* (the dressing having been dispensed with) *move the joint, force the movements of those which are stiffened, and direct the patient to exercise it.* The following days the same treatment should be resorted to, until the joints shall have recovered their entire liberty."—*p.* 297.

This treatment would alarm some surgeons, and the pain would, unless anæsthetics were employed, scarcely be endured by many patients.

In reference to the pain attendant, and the symptoms which may be expected to follow, Malgaigne makes the following statement: "When we endeavor to move these articulations, it is not the muscles which constitute the principal obstacle, it is the ligaments; if we force the movement a little, pain is felt in the ligaments, tumefaction takes place around the joint, and all the symptoms following sprains result, and from the same cause —viz., stretching of the ligaments."—*p.* 136.

The treatise of Malgaigne, from which we have quoted, was published in 1847, and it is since that time that the practice he recommends has been generally adopted by the profession in various countries.

It had indeed long been known to the profession, that the movements of stiff joints had occasionally been restored by accidental violence.

A case had often been cited from Job A. Mekreen, of an old anchylosis of the elbow, which had resisted fomentations and cataplasms. He got a violent fall upon the fore-arm, and from that time the movements were re-established, and became thenceforth, from day to day, more extended and easy.—*Dict. de Medicine,* Art. Anchylosis.

Fabricius Hildanus relates a case of an anchylosis of the fingers and wrist, which was cured by a fall, which also fractured the fore-arm.

Bartholine mentions the case of a patient who had his arm dislocated; anchylosis followed, which was cured by a fall from a horse the following year.—*Velpeau, Operative Surgery, vol.* i, *p.* 478.

These, and other cases similar, were well calculated to direct the attention of the surgeons to the propriety of *breaking* up anchylosis, whether true or false, had they not been counterbalanced on the other hand by cases in which violence, too great and applied *mal apropos*, did great injury. The same remark is applicable to those cases of cure of anchylosis effected by so-called bone-setters. Boyer, Pellitan, and Marjolin have mentioned the cure of the Duchess of Luyanes, who had a stiff elbow, the result of an injury. There was false anchylosis.

"Several eminent surgeons were consulted, who prescribed the usual remedies without success; every time they attempted to move the joint, she cried out, and they were obliged to desist. At length she sent for a celebrated bone-setter, who had had great experience in such cases, who seized the fore-arm with one hand and the arm with the other, and straightened and bent it several times. At the end of forty-five days she was well."—*Marjolin.*

Boyer quotes from L. Verduc, the case of a young girl, from ten to twelve years old, who had the right knee anchylosed, the result of a wound between the patella and condyle. A physician and three surgeons considered the case incurable. Nevertheless, Verduc did not despair. After having fomented the knee with liquids, he seized the leg and thigh with his two hands and performed flexion and extension to as great a degree as he was able. Every day, morning and evening, flexion and extension were made with violence. In these extended movements, the sound produced by the friction between the tibia and fibula were heard. Frequently, after having performed these movements, it was necessary to leave the patient in a state of repose for seven or eight days, and as soon as she was better the flexion and extension were commenced. By this means the patient was cured.

Such was the state of science when, in 1840, a French surgeon, by the name of Louvrier, invented a machine for the breaking up of anchylosis. After having used it with full success in eighteen cases of false anchylosis, he was so emboldened as to apply it in some cases in the Paris Hospitals, which had been caused by white swelling, and on a patient affected with syphilis and scrofula.

Two of these patients, thus operated on, died from suppuration and laceration of the skin and muscles.

The subject was brought before the Academy of Medicine, who condemned it in a qualified manner. The report was read by Berard, at the sitting of the 27th of April, 1841, the conclusions of which were:—

1st. That the machine of Louvrier is followed by the instantaneous straightening of the member.

2d. That this straightening of the limb is ordinarily followed by no accident, either immediate or remote.

Notwithstanding these conclusions, the opinion of the Academy was unfavorable, and under its influence many surgeons, who at present are in favor of using suitable force, condemned not only this machine but also all attempts at forced movements. There were, however, not wanting those who thought that a method of treatment, which had according to the report been successful in eighteen cases of anchylosis, could not justly be condemned for having failed in two cases resulting from scrofula, syphilis, and white swelling, in which it ought never to have been used.

This opinion found expression in a work of the celebrated surgeon, Mayor, of Switzerland, published at Paris, in 1841, entitled, *On the Accelerated Treatment of Anchylosis*, in which this method was justly appreciated and favorably judged of, in its aplication to false anchylosis. Numerous cases were cited in it, of successful treatment by his method.

It was in this same year, 1841, that the work, *Dieffenbach on the Division of Tendons with Forced Rupture*, made its appearance. "He instituted the practice of violent rupture in addition to that of tenotomy and gradual extension, in order to combat those impediments which these had shown themselves unable to be subdued. It was now, that forced rupture, which the pathological anatomy so imperatively demands, was first legitimately received among the resources of the surgical art. We say legitimately, for prior to this time chance has been known to have produced cures by its agency."—*Frank*, *London Lancet*, *vol. for* 1853, *p.* 202.

"In cases of contractions of, and anchylosis of the knee-joint, Dieffenbach first performed the sub-cutaneous dissection of the flexor tendons, and of all contracted portions of the fascia, after which a towel having been firmly bound around the joint, the adhesions between the articular surfaces were ruptured by forcible flexion; thereafter, the joint was forcibly extended, and the apparatus of Stromeyer (that for gradual extension by a screw) was applied."

In 1850, Bonnet of Lyons, and Palasiano of Naples, published an account of a method which did not differ essentially from that of Dieffenbach.

We cite two of the cases of Mr. Meyor, as indicative of the extent to which he carried out his views in practice.

The first was of a lady, who had the knee anchylosed at a right angle, the result of an accident. Mr. Meyor seated her in a chair, put his left arm behind the knee, and when she was least expecting it gave the leg an impulse which bent it. It soon regained its movements.

The second, was an anchylosis of the knee in a straight position, which was also bent by violence and the movement restored.—*Bonnet, p.* 393.

Mr. Bonnet, in his work published in 1853, on the therapeutics of diseases of the articulations, gives the following direction for treating anchylosis of the knee: "The thigh should be brought to the edge of the bed, the surgeon places the left arm behind the upper part of the leg, and the right hand on the lower part of it in front, and gives it several pushes tending to bend it; a cracking is heard in the joint, and by degrees it gives way and bends. One movement of flexion is insufficient, it should be repeated five or six times by energetic movements produced by the hands of the surgeon and his aids."

Mr. Bonnet cites a large number of cases treated in this manner:—

1. A case treated by M. Palasiano, successful.

2. A case treated by M. Bouchacourt, also successful.

3. A case treated by himself, successfully.

4. This was a case of great difficulty, but the anchylosis gave way with a loud crackling sound, after great force had been used by the hands at five different times.

5. This case also required great force for five minutes.

6 and 7. Two other cases are given, treated with success in the same manner.

But the work of Bonnet is particularly valuable for my present purpose, from having a chapter devoted expressly to stiffness of the elbow.

To "the elbow, as to all the joints, we can, in case of stiffness, give artificial movements. For this purpose, the arm should be fixed, and the fore-arm alternately bent and extended. This generally requires one or two assistants, and in order to dispense with these, it is generally better to use a machine. This should consist, first, of a groove fixed upon a plank, into which the arm should be fixed; secondly, of two parallel shafts, between which the fore-arm is fixed by a sort of bracelet; thirdly, of the arc of a circle, graduated so as to measure the extent of the movements."

The cases cited of stiffness, removed by the use of this machine, are instructive, and I give some of the most unfavorable:

8. "A young man, aged sixteen years, fell upon the breast, and injured the elbow. I saw him five days afterwards, there was great pain, and the fore-arm could neither be flexed nor extended. I extended the fore-arm, flexed it, drew upon it strongly. The movements were quite restored in a few days."

9. "A young man, aged fifteen and a half years, had a dislocation of the elbow, which was reduced immediately, but inflammation followed and then a fibrous anchylosis remained. The joint was bent and extended by the machine, and this treatment was continued several weeks. Pretty free movements were restored."

In cases of anchylosis, resulting from old dislocations, Bonnet recommends breaking up the adhesions forcibly. "To execute these movements, I seize the contiguous extremities of the arm and fore-arm, and force them in opposite directions. After some efforts I feel the cracking, which proves the rupture has taken place." He adds that he has employed this method six times.

In cases of immobility, resulting from white swelling, cases the most unfavorable of all, Mr. Bonnet has found forced flexion and extension succeed.

10. "A young girl, aged nine years, had a disease of the elbow, without any appreciable cause. The joint became stiff.

It was treated by energetic movements of flexion and extension over a week, and the motion kept up by the machine in the intervening time. At the end of a month, the movements of flexion and extension could be performed to the extent of a quarter of a circle."—*Bonnet*, *p*. 551.

11. "Another young girl, of the same age, affected by scrofulous disease of the elbow, which was in a stage less advanced. The same treatment was used, which effected a perfect cure."—*p*. 552.

12. "In the case of a child, aged twelve years, affected with scrofulous disease of the elbow, suppuration occurred and an anchylosis almost perfect. Movements with the hands and the machine were employed, and at the end of four months, motion was in a great degree restored."—*p*. 553.

In all these, and similar cases, Mr. Bonnet adds, "It is unnecessary to say that graduated movements were insufficient, and, in order to succeed, strong tractions must be resorted to and extended, and energetic movements given to the fore-arm."

13. "A young man, of Montheis, eighteen years old, had an anchylosis of the elbow, of three years' standing, and of such a degree that the anterior face of the fore-arm was in contact with the arm. In December, 1849, after having ascertained, during insensibility from ether, that the anchylosis was complete, I divided the biceps which projected under the skin, and by alternate movements of flexion and extension succeeded in breaking the anchylosis, and extended it to an angle of ninety degrees with the humerus. Eight days afterwards, the patient returned home, taking a machine for movement with him."—*p*. 155.

16. "Mademoisselle Puy, aged fifteen years, was entrusted to my care for a white swelling of the elbow, the 27th June, 1852. The white swelling was far from being cured, and the anchylosis was perfect in the extended position.

"June the 30th, the patient being under the influence of ether, I broke up the adhesions with the greatest difficulty, but at length succeeded and brought the joint to a right angle. The rupture of the anchylosis was followed by acute inflammation, fever, and numerous abscesses formed around the joint.

I opened the abscesses with the knife at a white heat, and July 27th she was able to make use of the apparatus for movement.

"August 30th, the patient left the city, she having been able for a week to play the piano."—*p.* 155.

The authority of Bonnet as a writer on diseases of the joints, and the fact that he had five years previously condemned the practice of forced rupture, tended much to give currency to the practice. His method consisted in first flexing the member, then extending it, and retaining it by suitable dressing. The practice of first flexing, then extending the joint, instead of extending in the first instance, constituted the essential difference between the method of Dieffenbach and Bonnet, and that which had previously been adopted; a difference which it is important to bear in mind, as it constitutes the principal reason of the favorable results which have in recent times been attained. Among the list of those who contributed about this time to perfect the practice in these cases, we must not omit to cite Langenbeck, who used forced flexion and forced extension.

Nelaton who, in his *Elements of Surgical Pathology*, published in 1847, did not fully recommend this method, in 1853, before his class, treated a patient by the method of Bonnet.

It would lead me into endless citations, were I to quote all the authorities which might be cited in favor of the practice of forced flexion and forced extension in anchylosis. It may indeed be considered the established practice at the present time on the continent of Europe. I shall, therefore, conclude this part of my notes, by adding the practice of some of the leading surgeons of England.

Dr. Little published in 1853, (London,) a work on deformity, in which the forcible rupture of anchylosis is fully justified. Dr. Little says, with much truth:—

"The introduction of anæsthetics has rendered possible the general adoption of this practice." "The art of surgery has, however, recently received an invaluable addition to its means of usefulness by the discovery of the anæsthetic properties of chloroform and ether. By chloroformization, the two great obstacles to the employment of force to straighten a bent or contracted limb—namely, pain and voluntary muscular resistance—are removed. As soon as these impediments disappear, the hands of the single operator applied to the parts encounter the physical resistance only of the deformed parts, he can feel his way in the application of greater force; feels and perceives the resistance of parts successively overcome in an anatomical order; if greater rigidity still oppose, a few movements of the joint backwards and forwards prepare the way for a more extensive yielding. After straightening or bending the limb, as the case may have required, by this forcible procedure the part should be lightly secured in a retentive instrument, or on a common splint adjusted so as to maintain the position more favorable than that which obtained before the operation, though not in the position into which the hands of the surgeon may have brought it. For as soon as the effect of chloroform on the sensorial system disappears, the patient will arouse to the conviction of the violence which may have been employed; the part may be acutely painful, and incapable of sustaining the pressure of a tight bandage or ligature."

Mr. Ferguson who, in his work on Operative Surgery, was extremely severe upon all attempts to break up adhesions by force, we find now among the advocates of forcible extension and flexion. The following cases, treated by him only a few months since, will show his changed opinions and practice on this subject:—

"1. A case of old dislocation of the elbow-joint, was operated on by Mr. Ferguson, on the 13th of October, 1855. The parts were anchylosed, and out of place for four years; the patient suffering very much from a stiff elbow. Blisters and country air had been tried in vain, and, as a last resort, the young man wished the joint to be cut away or the limb amputated. Mr. Ferguson, as soon as he had had him placed fully under the effects of chloroform, proposed to break up all the old adhesions about the joint, which he succeeded in effecting by using considerable force, and thus restored him full power of using the limb.

"2. In a similar case, which had resisted the power of Mr. Lawrence to break up the attachments, he proposed to divide, by a sub-cutaneous section, the tendon of triceps; but the parts ultimately gave way. Mr. Lawrence said he had now tried it in several cases, more especially in children, and all his cases had turned out well; (this he also knew to be the experience of some other surgeons—amongst the rest, his friend M. Langenbeck, of Berlin;) the only precautions being that no active inflammation be present."—*London Lancet, for Feb.*, 1856.

Mr. Erichson, of the University College Hospital, London, author of a popular work on Surgery, seems also to have changed his views and practice in cases of anchylosis. For although, in his work, he does not condemn forcible extension, yet he seems to give the preference to slow rather than sudden movements; whereas, his practice at the present time is to use force freely. The following cases, from the *London Lancet*, recently treated by him, are extremely instructive:—

"The plan of treatment adopted by Mr. Erichson, is to place the patient fully under the effects of chloroform, so as to relax the muscles of the limb; then, as the lesser evil of the two, forcibly to straighten or extend the leg. In doing this, we noticed on more than one occasion loud snaps or cracks in the joint, not a little alarming at first, though without damage.

"Case 1. A young woman, aged twenty-two, who had been attacked, April, 1855, with acute rheumatism, and rheumatic contraction of the left knee, the latter bent at nearly a right angle and excessively painful, came under Mr. Erichson's care, who succeeded in straightening the limb, under chloroform.

"Case 2. A man, aged twenty-three, came under care in July, with contraction of the left knee, which was bent at right angles, and had been in this condition for eight months, the result of inflammation of the joint. There was no pain or uneasiness about it; very limited motion, not more than about two inches, when he attempted to move the foot. Mr. Erichson had him placed under the influence of chloroform, and then forcibly stretched the limb; lóud crackling noises were heard, as if something was being crunched or torn through. There were no inflammatory symptoms subsequently; and he was able to leave the hospital in ten days, merely wearing starch bandages.

"Case 3. A woman, aged thirty; anchylosis nearly complete of the left knee for nine months, consequent on rheumatism; scarcely any motion in the joint; no pain or tenderness. The limb here, also, was straightened, or forcibly extended, under the influence of chloroform. The extension was attended with loud snapping or crackling of the old adhesions. Some severe inflammatory action followed, which, however, was easily subdued by evaporating lotions. This woman, also, had starch bandages applied, and left the hospital quite improved in health.

"Case 4. A woman, aged 42, whom we saw operated upon early last month. She complained of anchylosis of the knee, with bent or twisted condition of fore-arm and hand, all the result of rheumatic inflammation, contracted ten years since. Mr. Erichson straightened the limb, as usual, under chloroform; though, at first, he believed that he should have had recourse to division of the tendons. Loud crunching sounds were heard, as in the former cases. This has also done well.

"Case 5. This was an instance of anchylosis of the left knee, in a female aged thirty-two, of not less than sixteen years' standing, during the whole of which period the limb had not been put to the ground.

"The leg was considerably wasted, though nearly as long as the healthy limb; it was bent nearly at a right angle; the hamstring tendons were very tense. Mr. Erichson having placed the patient under chloroform, divided these tendons, and then forcibly straightened the limb, tearing down, apparently to us, several old adhesions, in and around the joint. No inflammatory action supervened; and this limb is now in a straight position, supported by starch and gum bandages.

"These cases may not claim any superiority over many others of a like kind by their originality, yet they are deserving of notice for their practical value."—*Lancet*, *August* 18*th*, 1855, *p*. 145.

Mr. Solly, Surgeon of St. Thomas' Hospital, also adopts the treatment of forcible flexion and extension in anchylosis. The following case, reported in the number of the *London Lancet*, for March, 1856, will sufficiently show the extent to which he carries it:—

"Thos. B——, aged 20, cheesemonger, was admitted under my care, 19th June, 1855. His left knee is perfectly fixed and immovable, the leg is bent upon the thigh, so as nearly to allow the toes to touch the ground. The foot and leg are not in a straight line with the thigh, but twisted outwards, so that the deformity is very considerable. The patella is adherent to the external condyle. There is no pain, tenderness, or swelling of the joint; but the limb is quite useless to him. The history is, that this condition of the joint followed an attack of acute inflammation, which was treated during a sojourn of twenty-one weeks in a Metropolitan hospital. His general health is good. In my first examination of this joint, I thought that the division of the hamstring muscles would materially assist me in straightening the limb, as they were in great tension; but when he was placed completely under the influence of chloroform, this disappeared, and true osseous anchylosis alone retained the leg in its false position. This bony anchylosis was, with some force, completely broken through, and the rending asunder of the bones was distinctly audible throughout the theatre with a loud crack, and the limb was straight. After his removal to bed, and before he had completely recovered his consciousness, the limb was firmly bound to a long back splint, with a foot piece, such as we use for a fractured patella.

"In thirty days, the patient left the Hospital quite well."

To what extent rupture of anchylosis is practiced in the United States, I am unable to say. Dr. Mott, as it is known, used it extensively in immobility of the lower jaw, and even employed the lever and screw figured by Pare, and the older surgeons for the purpose. Many of the American surgeons have adopted the much more severe operation of Barton.

I have been informed, that Dr. Gross, of Louisville, has used the practice of breaking them up with great success.

Dr. Brainard has used forced flexion and extension, in stiffness after fracture, dislocation, and sprain, for the last sixteen years; having found extension, by a graduated screw, insufficient, and as it cannot be accomplished while the patient is under the influence of chloroform, therefore too painful.

One of the cases treated by Dr. Brainard, was that of a young boy, about 10 years old, who had a fracture of the internal condyle of the humerus. False anchylosis resulted, the parents being unwilling to have the boy submitted to passive movements. After twelve weeks, however, finding the anchylosis was becoming more perfect, instead of being relieved by the use of frictions, fomentations, etc., forced flexion and extension was resorted to.

The force required was considerable, and the pain and swelling which followed, lasted for several days; but, by repeating the flexion, the movements of the member were very perfectly restored.

Another case of false anchylosis of the elbow, treated by Dr. Brainard, was one accompanied by an unnatural dislocation of the elbow, of five months' standing. The operation of breaking up the anchylosis and reducing it, was performed before the class of Rush Medical College, and a report of the case published in this *Journal* for 1847. The arm was in the straight position. The bending was effected by taking hold of the arm and fore-arm with the hands, and using the knee as a fulcrum. The result was extremely satisfactory, the elbow being bent and the movements restored to a great extent.

I have myself treated a case of this kind, of which I add the notes in conclusion of this part of the subject.

Patient, named James Hutchins, presented himself on the 1st of August, 1855, with false anchylosis of the right elbow-joint. The position of the arm nearly straight, and immovable, with some œdema about the joint injury of the ulnar nerve; with partial paralysis. According to the patient's statement, he had, two months previously, fallen from the hurricane deck of a steamboat, causing a dislocation of the bones of the fore-arm backwards, with fracture of the inner condyle, which was still evident. The dislocation was properly reduced at the time, but passive motion was neglected up to the time stated above.

Treatment.—August 1st, after administering the chloroform to insensibility, I broke up the adhesions at one operation, by forcibly flexing the arm over my knee, and again extending it. The amount of force required, was equal to my ability. The arm was placed at right angles, and supported with a sling, and the patient directed to return the next day.

August 2. Some slight inflammation had arisen with considerable pain; directed evaporating lotions, with a light bandage.

August 3d. The inflammatory action had subsided, and the arm was again flexed and extended with very little difficulty. I directed the patient to occupy the intervals of his visits at my office, in working the joint himself, also to use voluntary effort.

August 6th. Able to move the joint nearly one half, by voluntary effort. Again made forcible flexion and extension to the full extent, and directed as before.

August 10th. Capable of moving the joint, by voluntary effort, nearly two-thirds of the limits. I again used force, and moved the joint back and forth many times; directed friction with lard, in meantime to keep up as much movement as he was capable of producing.

August 14th. Patient began work at my house as a carpenter, and found but very little difficulty in using tools, excepting from weakness resulting from the protracted inactivity of the muscles. After four weeks from the first operation, he was earning full wages as a carpenter, and complained of no inability, excepting slight insensibility of the ulnar side of the forearm and hand, which had attended him from the first.

Those, in this country, who have considered Barton's operation of cutting down to the bone and sawing it through, as too severe to be justified, have generally regarded all cases of severe anchylosis as incurable.

Others have attached themselves exclusively to the notion of treatment by gradual extension by means of a screw. The reports of cases, made by Mutter, Chase, and others, are calculated to give an exaggerated idea of this method; on the one hand, it represents it as more successful than it really is, and on the other, as far less severe than it will be found in practice. Dr. Brainard, who published some cases treated successfully by it in 1844, has abandoned it, except as a means of producing passive movements to prevent anchylosis, or as a means of preventing its return after forced rupture.

This method is in fact the oldest known to surgery, and instruments for effecting it, are figured in Tubueivs and Guy de

Chauliac. But it has invariably fallen into disuse, and notwithstanding the recommendation of it by Chase and Mutter, it is now seldom employed by good surgeons, except for the treatment of club-foot, in which it is invaluable.

As erroneous opinions prevail on this subject, I will cite here the observations of Dr. Philip Frank, of Manchester, England, who was for many years assistant of Langenbeck, at Berlin, where, as well as in other cities of Germany, this method, with and without division of tendons, has been most thoroughly tried.

"Gradual extension, by means of pressure, or by the instrumentality of orthopedic apparatus, was the oldest method of treating contraction and anchylosis of the joints. This method has continued in practice to the present time; and many, who are either unable or unwilling to appreciate the advances of modern surgery, regard it as the only course commendable or judicious: we will, therefore, abstain from criticising this method, as practiced in former times, inasmuch as the results might be ascribed rather to the insufficiency of the apparatus in use, than to the method itself. Let us regard it in modern times, where the apparatus of Bonnet, Stromeyer and others, constructed on the most scientific principles, have come into use: still, how few satisfactory results have been obtained. It is not to be denied, that the method has been equal to the cure of simple contraction of the joints. Even cases of sprains, anchylosis with contractions at a small angle, have been successfully treated by gradual extension. Yet, even in these cases, simple as they were, the results were uncertain, the treatment tedious, inconvenient, and laborious. Excoriation and mortification supervening on those parts of the skin most exposed to the pressure of the machine; pains occasioned by continued tension; repeatedly exciting the muscles to unusual contractions; reflex action in different organs after a certain degree of extension had been arrived at: all these form a long series of evils, often enforcing protracted interruptions of the treatment, with loss of advantage already obtained, and sometimes total abandonment of the attempt."—*London Lancet, for* 1853, *p.* 202.

There is little doubt, that continued extension with a machine is more painful, and is attended with more danger of re-exciting inflammation, than forced movements with the hands, the patient being etherized.

It is moreover to be observed, that this gradual extension is not calculated to restore the movements of the member, but only to change its position: it has been used for extending, not for flexing. I have not been able to find on record any case in which a member, affected with anchylosis, was flexed, and the movements restored by the screw apparatus alone.

We shall not dwell upon the operation of Barton, as it has only been used for the femur and in the present condition, of our knowledge it is not likely to be again resorted to.

In conclusion, I think the following modes of practice and statements, may be considered as established by the best authorities of the profession and sound principles of surgery:—

1. Stiffness of the joints from injury should be treated and may be remedied by forced movements of the kind natural to the joint. They should be first used while the patient is under the influence of ether, and repeated as occasion may require.

2. Some imperfection of the movements, deformity of the joint, wasting of the muscles, and paralysis of the nerves, often remains after injuries of the elbow-joint, as the inevitable consequence of the injury.

BOOK NOTICES.

Transactions of the Illinois State Medical Society, for the year 1855. Peoria Democratic Press Office, Peoria Ill.

Since the issue of the March number of the *Journal*, we have received from the Secretary of the State Medical Society, a copy of the past year's Transactions. We regret exceedingly that the copies are distributed so late in the season; it being now only two months before the next annual meeting. Still it is perhaps better late than never. The published Transactions contain, besides the record of proceedings at the Annual Meeting, in Bloomington, and the reports of the Publishing Committee and Treasurer, the following papers, viz.: "Report of the Committee on Surgery," by J. W. Freer, M.D., of Chicago; "Report of the Committee on Practical Medicine," by E. R. Roe, M.D., of Bloomington; "Report of the Committee on Drugs and Medicines," by H. A. Johnson, M.D., of Chicago; and the Valedictory Address of the President, by C. N. Andrews, M.D., of Rockford; the whole making a pamphlet of 88 pages.

The report of the Committee on Surgery is very brief, occupying less than six pages. But as the Chairman of the Committee, Dr. Freer, was continued in the same position, we presume the present paper will only hold the place of an introduction to a more general and complete report at the next annual meeting. The report of the Committee on Practical Medicine, by Dr. Roe, occupies fifteen pages; a considerable portion of which, consists of interesting extracts from letters received by the Chairman in reply to his circular asking for information. The principal topics discussed in the report are, Typhoid Fever, Typhoid Pneumonia, Scarlet Fever, Erysipelas, and Cholera. In regard to the first named disease, the author of the report collected a sufficient number of facts to show that this form of fever had been quite prevalent during the year 1854, throughout the middle and northern parts of the State; but his attention has been chiefly directed to the influence of mercurials in its treatment. On the latter subject, the reporter says: "Nevertheless, it is still the opinion of the undersigned, that an *early salivation to a slight degree*, will generally cut short the disease." And this he holds as not at all incompatible with the belief, that a bad salivation after the disease is fully developed, will generally aggravate the symptoms. "But it should ever be borne in mind, that by a slight salivation is only meant a *stimulation* of the glands, and not *ulceration*, by any means. And this, to be successful, must be accomplished during what may be called the formative stage of the disease." While such is the opinion of the chairman of the committee, nearly all those practitioners from whom he received communications expressed opinions directly the reverse; declaring, in the language of Dr. S. W. Noble, of Leroy, that they "do not consider the mercurial influence capable of exerting any control over the *course* of the disease." On the subject of Scarlet Fever, the report contains only the following extract from a letter, by Dr. Haller, of Vandalia. We quote it simply for its testimony in relation to the prophylactic powers of the belladonna. "It (the Scarlatina) began to prevail," says Dr. Haller, "in the latter part of Autumn, and forepart of Winter. In the beginning it was very malignant in character, some few sinking in a few hours; and many of those who recovered were well nigh exhausted from suppuration, ascites, &c. About the middle of the epidemic, it became much milder; after which, not a single case proved fatal, which I attributed to the prophylactic effects of the belladonna which I had been giving to all that I attended subsequently. In relation to the prophylactic powers of the belladonna, adds Dr. Haller, I think it will not prevent persons from having Scarlatina; but, of one thing I am satisfied—that it will modify it *equal to the modification of Small Pox by vaccination.*" On the subjects of Cholera and Erysipelas, the report is also very brief. During the year 1854, the former disease prevailed extensively in most of the towns and cities in this State. It was particularly severe in this city; and a pretty full history of its character and progress was published in the pages of the *Journal:* but the Committee make no allusion to the matter in their report.

With no disposition to be either critical or censorious, we cannot refrain from expressing the opinion, that the report, in all its departments, is exceedingly defective.

The report of the Committee on Drugs and Medicines occupies twenty-three pages, thirteen of which are made up of letters from practitioners in different parts of the State, written in answer to a circular sent out by the chairman of the Committee.

Both the report of the Committee, and the letters appended thereto, contain matter of interest to the Society and the profession; and yet we find but little of practical value which has not already appeared, from time to time, in the pages of the *Journal.*

The last paper in the Transactions, is the President's Address.

The theme is, "Medical Progress;" and had we space we would copy it entire. As it is, however, our readers must be content with the following extracts; unless they do what would be far better, viz.: procure of the Secretary of the State Society a copy of the Transactions and read the whole.

"The subject of progress, in general," says Dr. Andrews, "is one upon which we hear much said at the present day. The world, at least the American part of it, seems to be in a partial frenzy upon it. We hear the word progress on almost every tongue. Its echoes reach us from every department of moral, social, and industrial life. It is the child's first lesson; it is the youth's first task. Ripe manhood makes an occupation of it; and mature years rejoice over its practical and beneficial results, while the octogenarian 'pipes and whistles' over its novelties and wonders.

"That this is truly an age of progress, it is not necessary to attempt to prove, for we see enduring monuments and forcible illustrations of it on every hand. But in the very foreground of all these things, we have the most indubitable evidence that all is not progress, at the present day, that assumes to be such. Indeed, some of the rankest and most mischievous errors that ever infected society, or the human mind, are flourishing under its popular garb. And, furthermore, the prevailing idea that this is a golden age of progress, proves fatal to many individuals; they descant largely upon it, feed and grow fat upon it, and never take the pains to learn even first principles, and ultimately die stupidly ignorant. And this is the case with many physicians. They rejoice in the great achievements of medicine, and glory over its brilliant truths; and they live upon those ideas, and are lulled by them into a luxurious indolence, and a pleasing anticipation of a period when our achievements will be so great that quacks will not be able to dwell in the land."

Again he says:—

"True *progress* consists in adding that which is new and useful of the present, which has been ascertained, developed, or achieved by observation, experience or philosophical or experimental research, to that which is useful of the past, and, as occasion may require, in substituting that which is new of the present, for so much of the old as reason and experience may teach to be advantageous. The substitution being made not because the old is inherently or necessarily bad or vicious, but because the new possesses some qualities of value which the old does not."

The author defines clearly the difference between progress and reform. The latter, he claims, is related exclusively to *moral* changes; to something which affects "the heart, the conscience." Consequently, the term can have no application to matters of science and literature. Hence, he says, "That which is vicious or morally corrupt, may be *reformed;* but a science or an art, however imperfect it may be, can only be improved upon by *progress;* which latter must be the fruits of experience and discovery." The mental traits essential for making progress are stated as follows:—

> "Progress in medicine depends upon these qualities or conditions, viz.: mental capacity or qualification; a consciousness of a necessity for it, and the will, resolution, and energy, to so conduct the details of our transactions that they may all be conducive to this end; and, lastly, unity of effort among the members of the medical profession."

Dr. Andrews comments with considerable severity on the prevailing tendency to discard the study of ancient authors, and the insatiable longing after the latest and most popular, even in medicine. He claims for the ancient medical writers, the same position in relation to the student of medicine, as is held by Xenophon and Plutarch, Horace, Cicero, and Virgil, in the education of the student of general science and literature. In illustrating the importance of this, he dwells somewhat in detail on the mental characteristics of Hippocrates, Galen, Bœrhaave, Cullen, and Rush, together with their modes of studying and improving medical science. The following lengthy extract constitutes the closing pages of the address, and will be read with interest:—

> "But we have now arrived at the period in the course of medical time, when we begin to see the medical mind developed in our own country, and duty to ourselves and to our science, as well as the sentiment of patriotism, forbid that it should be passed over in silence, although it would be in exact accordance with the custom of the day. For it has become so unfashionable and seemingly unlearned, to refer to the early physicians of this country, unless by the way of derision, that few have the temerity to do it.
>
> "The early physicians of America were generally men of remarkable character, particularly those who lived during the

latter part of the eighteenth century. They, as a general rule, had been well educated, and the peculiar scenes and circumstances with which they were surrounded, seemed to give them great energy and independence of mind. For awhile they bowed to foreign authority, as obsequiously perhaps as some of their descendants now do; but this, in those days, was to be expected, for, as a matter of course, they had been educated in the old country, and there had obtained not only their science, but their opinions also. However, not many generations had passed away when the medical mind had become as free as the political mind, and as competent to perform great deeds. At the time of the war of the revolution, we had physicians who, in ability, have never been surpassed. They possessed an intelligence, a solidity of thought and a philosophical strength that have rarely been equalled, and their success in practice, I am confident, has never been excelled. Their writings, in proportion to their extent, possess a value which is without comparison, and they should be deligently read by every American physician. But, sad to relate, they are rapidly passing from the memory of man, almost out of print, and must soon sink into comparative oblivion, to our eternal shame, unless we cease to present our professional offerings to a foreign Moloch, and exhume our own peculiar medical literature, and cultivate it as such.

"Is it generally known to the mass of American physicians, Dr. Benjamin Rush wrote thirty-six distinct treatises on different medical subjects? And how many are there who read them, and appreciate their value; who ever give his important doctrines a serious or attentive thought; who ever look to him for a principle or a precept; or who ever attempt to obtain a lesson from his eventful life? Again, let me ask how many, at the present day, profit by the almost incomparable experience and teachings of Dr. Nathan Smith? And I might extend the same inquiries to the writings of Mitchell, the Millers, Caldwell, Ramsey, Warren, Physic, Bigelow, and a number of others.

"But the writings of these fathers of American medicine, are in a manner 'buried and lost,' and with them the only true basis of American literature. We must do our thinking and investigating, and we must be guided by our own philosophy. So long as we are satisfied with merely imbibing the froth and scum of medical science, which floats to us through the medical press from the other side of the Atlantic, so long will our native energies remain, to a great extent, inactive; so long will we remain without a literature characteristic of ourselves, or which will represent in a favorable light the medical mind and talent of the nation; and so long shall we remain comparatively destitute of ample medical libraries. Without literature, and without libraries, judicious physicians will never feel themselves competent to write for the medical public, and their observations and experience, however extensive and valuable, must die with their physical bodies; and editors of medical journals, when they have called in vain for communications, will have to fill out their columns, as usual, with extracts from foreign matter, and necessarily diluted editorials.

"It has been justly remarked, by Frederick Schlegel, a distinguished German writer, that 'every separate and independent nation has the right to possess a literature peculiar to itself.' He of course referred to general literature; but does not the remark apply as well to medical literature? How can medical science be cultivated by a nation unless it has a literature of its own? Without this, its medical mind must be feeble and diminutive, or the mere reflection of that of some other country. It is a lamentable truth that we do not possess a medical literature that bears the impress of originality and independence—the innate sagacity and stubborn philosophy of the American character exhibited in other departments of science and literature. Is there not some obvious cause for this state of things? A modern writer of medical history remarks, that 'for centuries all the improvements in medicine which were even contemplated, consisted of but little more than illustrations of the doctrine of Galen, or commentaries on his writings.' And whoever continues the history of medicine will have to write the history of a similar, though I hope, shorter period, by adding, at least, that for a period of nearly fifty years, ending about the middle of the nineteenth century, the physicians of America did but little more than 'illustrate' and 'comment' upon the medical dogmas received from Europe. Again, our medical students, as a general rule, do not receive an adequate preliminary education. Indeed, there is not as much attention paid to this as there was a half century ago; they are taught medicine more as an art than as a science, founded on a broad and far reaching basis. Our teachers, with some very honorable exceptions, are not men of deep learning or research. Our medical journals that are mostly patronized, are mere reprints of foreign publications. Our authors, with few exceptions, are, in the language of Sprengel, 'mere frigid compilers;' they are mere chroniclers of other men's ideas, and hirelings of book publishers. They import their opinions from a foreign market, and clothe themselves in the cast-off garments of foreign authors, and verily may be characterized as *sui generis*, a cross between the ape and the snob. And it has come to be the case, that if an American physician attempts to write an original work, without adopting a foreign dress, model, or system, his own brethren either 'damn him with faint praise,' or criticise him to death. I would like to run through the list of our medical works, and show what servility is paid to foreign writers, but time would not permit. However, I cannot do less than name an instance or two, meaning no disrespect to the authors, and only selecting these particular works because they have attracted most attention, and are, perhaps, among the most learned and ingenious specimens of our literature. The work of Dr. Meredith Clymer, on fever, is made up almost entirely from the contributions of Drs. Christison, Shapter, Burrows, Gregory, and Locock, to 'Tweedie's Library of Practical Medicine,' when abundant materials, in my humble opinion, far better, might have been found at home. And the writings of Drs. Bartlett and Flint, on fever, are but little more than 'illustrations and commentaries' on the dogmatic pathology of Breteneau and Louis. Now, it seems to me, that these authors, and others of a kin, have sold their birthright for a mess of pottage; have left a rich inheritance of truth, to quaff the merest foibles of foreign theorists, and have left their own native medical literature, and sound knowledge, to sport in the freaks and fashions of foreign capitalists.

"For such reasons, the medical mind in this country seems, in some respects, to have deteriorated, to have lost much of its independent action and pristine energy. There was a time in our history when our physicians did not so servilely follow everything that was foreign. When the yellow fever broke out in this country, about the commencement of the present century, several foreign physicians commenced writing upon it; several in France, one in Ireland, and, finally, Dr. Haygarth, of England. The latter wrote a book upon it, and sent a copy of it to the College of Physicians at Philadelphia, for the purpose of instructing them in the prevention and extermination of the American pestilence, as it was then called. A letter, in reply, was immediately thereafter sent to England, giving an expression of the sentiments of American physicians, touching the gratuitous services of Dr. Haygarth and his co-laborers. This letter is worthy of immortality, and it should be attentively studied by all our medical snobs, both of this and of all future generations. I can only quote a single passage from it. The writer says: 'Although the American States can no longer be viewed as colonies or provinces dependent upon the politics or government of sovereign Europe; still the schools of that quarter of the globe claim America as a district of their literary empire, and usurp scientific dominion over the minds of her inhabitants. They pretend, that they must see for them, and hear for them, and feel for them, and not they for themselves. They affect to gather facts for them, to make experiments for them, to reason for them, and to judge for them, lest through their extreme imbecility they should go astray.' 'But,' the writer further remarks, 'it is time for Americans to abjure publicly all such supremacy, and to assert their own dignity and privilege; to declare that on the ground of free, fair, and equal discussion, they will meet them as philosophical friends; but to proclaim that they will exercise their senses, their understandings, their judgments, free from all authority, dogmatism, or any other control, save truth alone.' He further remarks: 'Is there some hebetude of intellect, some unhappy defect of capacity, which distinguishes and degrades the man of the West? We shall not affirm positively that this is not the case, though we certainly have no evidence to convince us that it is. On that point we shall be content to let their comparative merits be judged of by others.' The only difference in the two instances of literary despotism, is, that, at the present time, it is self-imposed.

"It is very true, that we have some fearless and independent talent at the present day; and I think, of this, the West has her full share. But its struggles against the tides are truly hard and perplexing. To give some idea of this, I will present a few instances near home. Prof. BRAINARD, of Chicago, had the resolution to presume to give the Academy of Sciences, of Paris, some months since, a lesson on the treatment of poisoned wounds. It seems to have been well received, and created some sensation over the water. But on this side it could scarcely be credited. It seemed so improbable, that it was thought that there must be some mistake in the name. So Dr. BRAINARD'S name was mutilated and rendered peculiarly French, and he transformed into a Frenchman, residing at Paris; and thus he became '*M. Benard,*' and was made to go the rounds of our newspapers as the author of the paper above referred to. Again, Dr. BENNETT DOWLER, of New Orleans, had the audacious independence to dissect a live alligator, for the purpose of testing the accuracy of some modern physiological doctrines; and, forthwith, a representative of the English school of physiologists came to America to look to their laurels; but what is to be particularly regretted in the case, is, that Dr. DOWLER'S efforts have been passed over by most of the medical press of this country, as unprofitable and useless innovations, and not worthy of serious consideration. Another case in point, which I wish particularly to notice, because it more immediately concerns us in our general practice, is this:—Not long since, there appeared in the *North-Western Medical and Surgical Journal*, several articles on the subject of fever, written by Prof. DAVIS, of Chicago. In those articles, the author advanced some very important ideas bearing upon what I wish to call the *American doctrine of fever*, the *unity* of fever as it is termed; which doctrine, allow me to say, I regard as truthful as nature itself. It has been advanced and supported by the most able and distinguished of American physicians, and first of all by Dr. BENJAMIN RUSH. It is supported by facts which are incontrovertible, and in these articles of Prof. DAVIS', a fund of new argument is brought to their support. Yet the followers of the 'little gland,' and nosological schools can see no force in his arguments, and they regard the doctrine as a homespun utopianism, and not worthy of their attentive consideration. And let me add, that this is the fate of nearly every thing written by Americans of original and independent thought.

"But why does such a state of things exist? It is because the medical mind of this country has become so completely entangled with foreign doctrines, especially with regard to practical medicine, that it has become in a manner paralyzed—its vision distorted, and that it acts merely from habit or by imitation.

"But let it not be understood that we are blind to the great value of foreign medical literature, or that we underrate the improvements and discoveries that are continually being made in the medical sciences in England, and on the continent of Europe, for we are all aware that we could not well do without them. But because we have received a rich legacy from this source, and expect to receive more, we should not act the part of the rich man's son, who having been brought up in wealth and luxury has contracted the vices incident thereto, and stupidly spends his life in the expectation of some day being made great by his patrimony, and finally dies with *dementia* from the gout.

"It may be thought that, in the course of my remarks, I have attached too much importance to the study of medicine, as it has existed in different ages past, that I have counselled a blind adherence to old authority; but let me be clearly understood on this subject. I only advise the study of the past, that we may more clearly understand and appreciate the present, and be better prepared to create a future. As the corner stone of modern philosophy is laid of ancient materials, so modern literature has its foundation in the past; so must medicine rest upon those truths and those qualities of mind which it has required centuries to unfold. We want the wisdom and experience of physicians of different ages of the world, as the mariner wants the chart of those who have sailed before him. We want to have pointed out to us the rocks on which others have split. We want the mind and philosophy of the past, from which we may select materials to enlarge and strengthen our own. And as Schlegel remarks, in regard to Plato and Aristotle, that 'they have so distinctly marked out the two great paths of human thought and science, that they have remained, and always must remain, the master guides of all succeeding generations;' so may we remark in regard to our great fathers in medicine, that they, in like manner, have so distinctly marked out the great paths of medical thought and medical science, that they likewise must be the master guides of all succeeding generations.

"That the ancients were perfect in knowledge and science, we do not pretend; and if there were defects in ancient medicine, so there were in ancient philosophy, but modern science at once detects these and profits even by the detection. That there were errors and imperfections in the Aphorisms of Hippocrates, the Physiology and Commentaries of Galen, the Materia Medica of Aretæus and Dioscorides, the Pathology, Therapeutics, and Surgery of Celsus, the Aphorisms and Institutions of Boerhaave, the Commentaries of Van Swieten, the Ratio Medendi of De Haen, the Methodus Curandi Febres of Sydenham, the Medical and Surgical Memoirs of Dr. Nathan Smith, and the Medical Enquiries and Observations of Dr. Benjamin Rush, is very evident. But still there is a halo of wisdom and inspiration gleaming from these old volumes, from the potent influences of which no physician should be deprived. No student of medicine can sit down and peruse these old dusty pages without having his mind enlarged and moulded to truer form, his zeal strengthened, and without being made a wiser man, a better physician, and withal incalculably better prepared for medical progress. In these old volumes we find every variety of doctrine, it is true, but the promulgators of these have each done their particular work to advance medical science. The Humoral Pathologists did their work in investigating the morbid changes in the body, and in directing the attention of physicians, for all time, to the subject. The Solidists did a like work in investigating the morbid changes in the solids, and in attaching an importance to the subject that will not be forgotten. The Mechanical Pathologists have led us to observe that the animal functions are not wholly beyond the influence of mechanical and physical laws. The Chemical Pathologists have led us to the knowledge that there are chemical affinities which enter into and harmonize with vital action in health, and which prey upon the organs and functions of life, in disease. And those who saw in the human system an *anima*, an *archeus*, or a *vis medicatrix natura*, have directed us onward to most successful research into the laws of vital organization.

"Finally, gentlemen, let us be true to ourselves and to our medical literature, and then we shall be true to our science. Let us be true to ourselves, by taking facts from whatever source they may come, and forming our own opinions. Let us be true to ourselves by rendering available that which is classic in medicine and which is the common inheritance of all men who study the healing art. Let us be true to ourselves by encouraging and sustaining our own medical literature and cultivating it as such. And let us be true to our own fathers in medicine, by giving to their writings that consideration to which they are entitled, and by paying a just tribute to their memory. Great Britain has had her Sydenham, Harvey, and Hunter; France, her Fernel, Lieutaud, and Duret; Germany, her Boerhaave, Haller and Van Sweiten; Spain, her Lully and Arnoldus; Italy, her Mondini, Baglivi, and Burserius; and Arabia, her Rhazes and Avicenna; and these individuals are sacredly embalmed in the memory of their countrymen, and they are to them living lights in the pathway of medical science. America has had her Rush, her Nathan Smith, and their worthy coadjutors, and shall we be less mindful of their virtues. or pay less regard to their precepts?"

Without endorsing all the sentiments contained in the address of Dr. Andrews, we would earnestly commend its perusal to our readers, with the assurance that they will find in it much that is interesting, and many thoughts which are worthy of careful consideration. We wish we could here end our notice of the Transactions before us, but our duty to ourselves and the Society require a decided protest against the style in which they have been printed. If the proof sheets were read at all, they were never corrected, for the typographical errors are as numerous as they are glaring and inexcusable. A typographical error will now and then occur, in all transient publications, and are scarcely worthy of serious notice; but when they occur at the rate of from one to half a dozen on a page, it betrays too great a degree of carelessness on the part of those whose business it is to read and correct the proof sheets.

The following are the present Officers of the Society, and the Committees from whom reports may be expected at the next meeting, to be held in Vandalia, on the first Tuesday in June.

DR. N. S. DAVIS, Chicago, *President.*

DR. E. R. ROE, Bloomington, F. A. McNEIL, Mt. Morris, *Vice-Presidents.*

DR. J. V. Z. BLANEY, Chicago, *Treasurer.*

DR. E. ANDREW, Peoria, *Secretary.*

DR. PRINCE, Jacksonville, *Assistant Secretary.*

Drs. A. D. STEARNS, —— DODGE, F. B. HALLER, Vandalia, *Committee of Arrangements.*

Drs. SAMUEL THOMPSON, Albion, J. W. SPAULDING, Galesburg, J. O. HARRIS, Ottawa, *Practical Medicine.*

Drs. J. W. FREER, Chicago, D. PRINCE, Jacksonville, A. H. LUCE, Bloomington, *Surgery.*

Drs. F. A. McNEIL, Mt. Morris, F. K. BAILEY, Joliet, J. MORSE, Galesburg, *Obstetrics.*

Drs. H. A. JOHNSON, Chicago, J. BLOUNT, Rockford, T. W. THOMPSON, Albion, *Drugs and Medicines.*

SPECIAL COMMITTEES.

Prof. BLANEY, Chicago, *Toxicology of the Alkaloids.*

DAVID PRINCE, Jacksonville, *Orthopædic Surgery.*

Dr. F. K. BAILEY, Joliet, *Congestive Intermittents.*

Dr. E. ROE, Bloomington, *Influence of civilization and mental culture as a cause of difficult labor.*

Dr. W. B. HERRICK, Chicago, *Physiological and pathological properties and influence of fibrine.*

Dr. C. R. PARK, *on Pseudarthrosis.*

Dr. A. S. McARTHUR, Joliet, *on the physiological explanation of counter irritation.*

Dr. N. S. DAVIS, Chicago, *on the alterations of blood in continued fever.*

EDITORIAL.

Œsculapian Society.

We learn from Dr. C. M. Hamilton, of Palestine, Illinois, that the next meeting of this Society will be held at York, Clark County, on the last Wednesday in May next. The Œsculapian Society is one of the most active and useful Medical Societies in the West. The readers of this Journal have had many good articles from its members, and we trust they may yet have many more.

The article alluded to by Dr. Hamilton, will be thankfully received.

Illinois State Medical Society.

We would remind our readers that the next regular annual meeting of this State Society, is to be held in Vandalia, commencing on the first Tuesday in June. The Delegates from that place, who attended the last annual meeting in Bloomington, assured the Society that a meeting in Vandalia would call out a full delegation from the Profession in the Southern part of the State. We hope it will be so, and also that the profession in the Northern and middle parts of the State will find in this hope an additional motive for the selection of such delegates as will not fail to attend the meeting. We copy from the Transactions a list of the Committees from which reports may be expected at the next meeting, and also the names of the Delegates to the American Medical Association.

The American Medical Association.

The next annual meeting of this Association will commence in Detroit, on Tuesday, the 6th day of May. The Secretary has given notice that the meetings will be held in Fireman's Hall, where Delegates can call to obtain information on their arrival in the city. From present indications, we think the profession of Illinois, and the North-West generally, will be well represented. Let no delegate remain at home from trifling causes.

Delegates to the American Medical Association.

The following are the Delegates appointed by the Illinois State Medical Society, to attend the next annual meeting of the American Medical Association, viz: Drs. A. S. McArthur, F. A. McNeil, R. Rouse, C. N. Andrews, S. Y. Baldwin, E. Andrew, H. Noble, G. M. Morse, E. Goodbrake, H. A. Johnson, and Dr. Stearns.

Cook County Medical Society.

At the regular meeting of the Society, held on the first Tuesday evening in April, the following Officers and Delegates were chosen for the ensuing year:—

DR. D. LASKIE MILLER, *President.*

DR. E. ANDREWS, *Vice-President.*

DR. J. H. HOLLISTER, *Secretary.*

Delegates to the American Medical Association: Drs. J. Bloodgood, H. Parker, J. H. Hollister, and E. Andrews.

Delegates to the Illinois State Medical Society: Drs. J. W. Freer, H. A. Johnson, Thos. Bevan, and M. O. Heydock.

Henry County Medical Society.

Pursuant to previous notice, the physicians of Henry County met at Cambridge, March 3, 1856, to organize a County Medical Society.

On motion, E. Pomeroy, M.D., of Geneseo, was called to the chair, and T. D. Fitch, of Kewanee, chosen Secretary.

On motion, we proceeded to the organization of a Medical Society.

On motion, a committee of three, consisting of Drs. O. H. Edwards, T. D. Fitch, and R. J. Stough, were appointed to present a Constitution and By-Laws for said Society.

The committee submitted the following Constitution and By-Laws, which, on motion, were approved and adopted article by article:—

CONSTITUTION.

ART. I. This Society shall be known and designated the *Henry County Medical Society.*

Art. II. The physicians present at the adoption of this Constitution shall be members of the Society.

Art. III. Any regular graduate of an orthodox school, or any physician passing a satisfactory examination before the Board of Censors, may become a member by a vote of the Society.

Art. IV. The officers of the Society shall consist of a President, Vice-President, Secretary, who shall act as Treasurer, and three Censors, to be elected annually by a majority vote of all the members present.

Art. V. The Society shall be governed by the code of ethics adopted by the Illinois State Medical Society.

Art. VI. This Constitution may be altered or amended by a vote of two-thirds of the members present at any regular meeting.

BY-LAWS.

Art. I. Each member shall report a case or read an Essay at every regular meeting, and an additional Essay shall be read at each meeting—the Essayist to be appointed at the previous meeting, in alphabetical order, excepting the annual address, which shall be by appointment.

Art. II. The report of cases and essays made before the Society at its regular meetings, shall become the property of the Society.

Art. III. Any member who has conducted himself properly during his membership, shall, if he require, receive a certificate of character signed by the President and Secretary.

Art. IV. Every member failing to comply with the provisions of Art. 1st of By-Laws, shall for every offence be fined one dollar.

On motion, the Society proceeded to the election of officers, when the following officers were duly elected:—

Dr. E. POMEROY, *President.*

Dr. J. M. WINN, *Vice-President.*

Dr. T. D. FITCH, *Secretary and Treasurer.*

Drs. H. Luddington, R. J. Stough, and O. H. Edwards, *Censors.*

On motion of Dr. Luddington, Dr. T. D. Fitch was appointed a delegate to the American Medical Association.

Horace Luddington, M.D., of Geneseo, was appointed to deliver the annual address before the Society in June.

Dr. Stough moved that the Secretary be instructed to forward the proceedings of this meeting to the *North-Western Medical and Surgical Journal*, and our county papers for publication—carried.

On motion of Dr. Fitch, Society adjourned to meet in Keewanee on the first Monday in June next.

E. POMEROY, M.D., *President*.

T. D. FITCH, M.D., *Secretary*.

TO PHYSICIANS.—I offer for sale *a Skeleton* and a set of *Anatomical Plates*. The Skeleton is prepared in the best French style, and perfectly wired, and the plates are of the size of life and accurately colored. The whole is admirably adapted either for an office or for lecturing, and will be sold cheap. Address

J. A. LEONARD, M.D.,
Whitewater, *Wisconsin*.

Association of Editors.

We copy the following from the April number of the *Philadelphia Medical and Surgical Journal.*

We think an Association of the kind proposed, might be made very useful, and are ready to co-operate in any reasonable movement for effecting its organization:—

"It has been proposed, during several past years, by some of the editors of the medical journals of this country, to form an association of editors; which, by uniting the energies of the medical press upon given subjects calculated to elevate the profession, would be more effective in accomplishing the purposes which an independent and high-toned press could not so readily attain by divided and individual action. This matter has been pressed upon the attention of the profession from year to year without as yet resulting in the object in view. It is to be hoped that the members of the medical press who will meet at Detroit the coming spring in the American Medical Association, will take measures to effect the proposed organization. The only obstacle which we can perceive to this movement, is the fact, that a large proportion of the medical journals of the country, are supposed to represent certain local, private interests, which may conflict with the general interests of the profession. We do not think, however, that there is any *real* ground for this assumption. In promoting the interests of any locality there need be no conflict with those of the great body of the profession. Let individuals and cliques be forgotten, and the organization will be easily accomplished."

Communication of Syphilis by Vaccine Lymph.

The possibility of communicating syphilis by means of the vaccine lymph is utterly denied by Ricord and Cultierier of France, and Heyfelder and Pauli, two distinguished medical men of Rhenish Bavaria. This opinion we think will not be very readily adopted by the profession without the most indubitable proof, certainly not upon the mere *say so* of any men, however reputable and learned. The above opinion has been called out on the condemnation and imprisonment of a medical man in Bavaria, for vaccinating from a child having syphilitic eruptions.

Nature of the Syphiltic Virus.

M. CASTANO, Physician-Major in the army of the East, regards syphilis as resulting from a vegetable fungiform parasite, the germ of which is developed in the tissues. The cure of venereal affections therefore consists in destroying this new body and the climination of its spores and sporules from the system. The metallic anti-syphilities destroy the parasite and render the spores incapable of germination.—*Medical Counselor.*

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. MAY, 1856. NO. 5.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Valedictory Address to the Graduates of Rush Medical College, Session of* 1855–6. By W. B. Herrick, M.D., Professor of Physiology and Pathology. [Published by request of the Graduating Class.]

In compliance with the request of our President, and in behalf of my colleagues, I rise to perform a duty which we, as teachers, owe to ourselves, the public, and especially to you, gentlemen, who have this evening assumed the high responsibilities of a profession, the importance of which experienced practitioners and teachers alone can appreciate.

Believing that, in justice to ourselves and the noble science of our adoption, we should, on all proper occasions, advocate its claims, especially upon such as are, as its representatives, about to become responsible for the degree of honor and respect paid to it by others; I propose, for the purpose of showing, by this portion of its history, what are its claims to both public and private consideration, at this time to give to my hearers, and especially to those of the graduating class, a brief historical sketch of the origin of the science of medicine; for all must admit, that in proportion as any profession, art or science has an influence upon the condition and progress of man, as indicated by past history, present considerations or future anticipations, it merits honor and respect.

The Temple of Medicine, viewed by the light of such historical facts as are now before us, seems to have been progressing towards completion during several distinct periods; separated by intervals during which the laborers, disheartened for want of the materials now abundantly supplied by the physical sciences, especially anatomy and chemistry, abandoned for a time the noble work, and suffered its unfinished and neglected walls to crumble and decay under the destroying influence of time and neglect.

The first of these—extending from as far back as tradition and history can carry us, to the dispersion of the Pythagorian society 500 years before Christ—is remarkable for being that in which all knowledge was communicated from the teacher shrouded in mystery, and received by the learner with blind credulity.

We learn from sacred history, that for a period immediately following the creation of man, and at intervals for a long time after, our Heavenly Father, as if mindful of the helpless condition of his children in their yet imperfect and infantile state, communicated to them, either directly or by inspiration, the knowledge requisite for the preservation of health and prevention of disease.

"The writings of Moses," says a distinguished medical historian, "constitute a precious monument of the history of medicine," for they embrace hygienic rules of the highest sagacity.

Moses, it would seem, communicated these hygienic laws to the priests, the Levites, and they to the people. This was the practice among the Jews till up to a period 300 years before Christ, when physicians, having a true and independent position as students of nature and cultivators of science, received from one of the inspired writers of the Bible itself the following high commendation:—

"Honor the physician, for he is indispensable, for the Most High has created him."

"For all medicine is a gift from God, and the physician shall receive homage from the king."

"The science of medicine shall elevate the physician to honor, and he shall be praised before the great."

"The Most High has created the medicines out of the earth; and he that is wise will not abhor them."

Ere long, however, man, preferring to be guided by his own wayward inclinations rather than to submit longer to the Divine laws, had wandered from that stream, the source of which was an ever-living inexhaustible fountain of knowledge and truth, at a time when the people of all nations, whether Jews or Pagans, were seeking to quench their natural thirst for knowledge from those impure fountains furnished by the priests; who, in Jewish synagogues and Pagan temples, assumed to be the only true physicians for both body and soul, and to possess all knowledge of the past, present, and future, as is abundantly shown by the historical and traditional accounts of ancient medicine, as it then existed throughout the world.

The antiquity of Egyptian Medicine is shown from the fact, that 1700 years before Christ, Egypt possessed men who practiced the art of medicine, for we read in the Bible, that when Jacob died, "Joseph commanded his servants, the physicians, to embalm him; and the physicians embalmed Israel, and forty days were fulfilled for him; for so are fulfilled the days of those that are embalmed."

Thus it is seen, that embalming was in the hands of Egyptian physicians, yet so averse were the people to anatomical investigations, that they stoned those whose business it was to make the opening through which the material was introduced, and thus compelled them to flee for safety.

"Thoth, whom the Greeks named Hermes, and the Latins Mercurius, passed among the Egyptians as the inventor of all science and art, and was said to be the author of thousands of volumes on various scientific subjects; of which those upon medicine helped constitute a volume called the *Sacred Book*, written in a language known to the priests alone, and containing rules, to deviate from which was death."

In India, the Brahmins were both priests and physicians.

They alone were permitted to know Sanscrit, the language of the learned, in which all medical books were written.

During their professional visits to patients, they examined the pulse, observed the countenance, looked at the stars, watched the flight of birds, &c., but never noted the symptoms. They were especially attentive to cleanliness and rules of hygiene; but assumed, with all the presumption of a Mormon prophet, that their knowledge was directly from the gods.

All that is known of the condition of medical science among the Greeks, previous to the Trojan war, is traditionary, and so blended with the mythology of that period that it is impossible to distinguish, through the shadowy veil which poetic and imaginative historians have drawn between the present and past, who of the numerous gods and deified men of that mystic age were the real fathers of Medicine.

According to their mythological traditions, *Melamphus* was the first Greek physician "who immortalized himself by extraordinary cures, and to whom, from gratitude, altars were erected." He lived in the time of Proteus, king of Argos, nearly 200 years before the Trojan war. He is said to have cured Iphiclus of a species of debility by giving rust of iron; and the daughters of Proteus of hysteria, with milk in which white hellebore had been infused. (Not bad practice that, for a physician who lived more than 3000 years ago.)

Chiron, another of the antique physicians, was less illustrious than his contemporaries as a practitioner; but more noted than any as a teacher. He held his school in a grotto in Thessaly, and, if the tradition be correct, we modern professors might well envy the high and honorable position of old Prof. Chiron, who could number among his pupils many of the heroes concerned in the capture of the Golden Fleece, and in the Trojan war—such as, the mighty Hercules, the subtle Ulysses, the fiery Diomedes, the prolix Nestor, the pious Æneas, and the invincible Achilles. But, of all his disciples, the most noted was Esculapius, whose devotion during his eventful life to the science of medicine, then in its infancy, caused him to be deified by the Greeks as the son of Apollo; believing, as they did at that period, that any new development in the arts and sciences could have no other than a divine origin. Hence, Esculapius was regarded with nearly universal veneration. His worship, which passed from the Greeks to the Romans, extended into all countries penetrated by the arms of these two nations. Throughout the then civilized world numerous temples were erected to his honor, in which medical teachers, as priests, were constantly employed in perpetuating his doctrines and cherishing the yet young and undeveloped son, committed to their care by the Father of Medicine.

In regard to the treatment of diseases by this ancient physician, we possess no information entitled to much credit. The poet Pinder, who lived 7 or 800 years after, says of Esculapius: "He cured the ulcers, wounds, and fevers of all who applied to him, by enchantment, calming potions, incisions, and by external applications." It is said, he brought to life, Hippolytus, son of Theseus; a Capaneous, a Lycurgus, an Eryphile, and many others.

Pluto, god of the infernal regions, alarmed to see the number of new arrivals in his gloomy kingdom diminishing day by day, complained to Jupiter, who destroyed the audacious healer. On this account, says a wit, modern sons of Esculapius abstain from performing prodigies.

Other nations, both of the old and new world, have traditions showing that the practice of medicine began with the formation of society, and that it has, everywhere and in all time, been held in high veneration.

"In Gaul, and in the Brittanic Isles, the Druids were at the same time priests, legislators, and physicians."

Montezuma, emperor of Mexico, possessed gardens where great numbers of plants were cultivated, the properties of which were well known to the physicians of the country.

Thus we have seen that the first notions of medicine go back to the earliest infancy of society in all the countries of the world, and if there exists any nation which, at any epoch in its history, was without physicians, there is not one in which we do not find some vestige of medicine.

The following remarks of the wise Socrates, upon the diseases consequent upon a change from the simple and primitive habits of the people of the age of Hippocrates, to those of refinement and luxury, such as were indulged in many years after by the people of an *ancient republic*, merit from us, members of this great confederacy, equal consideration: "Is it not a shameful thing," says he, "to be compelled to call upon a physician, not for the cure of wounds or diseases of the seasons, but for such as are produced by indulgent life, which fills us with humors and unhealthy vapors like swamps, thus obliging the worthy sons of Esculapius to invent such new names as catarrhs, fluxions, etc.?"

A certain portion of this period of the foundation of medicine, extending from the time of the Trojan war to that of Pythagoras, was characterized as that during which the worship of Esculapius, as the god of medicine, was spread throughout Greece, Asia, Africa, and Italy.

Among the temples which were consecrated to him, those of Epidaurus, Cos, and Cyrene are particularly remarkable.

The priests attached to his worship were named Esculapiadæ, a word which signifies descendants of Esculapius.

They formed a particular cast, governed by sacred laws, like the priests of Egypt, one of which is as follows:—

"It is not permitted to reveal sacred things, except to the elect; and strangers must be admitted to this knowledge only after having submitted to the tests of initiation."

"The temples of the god of medicine," says a medical historian, "were generally very salubriously situated; sometimes on the summit of a hill, or the declivity of a mountain; sometimes on the shore, somewhat distant from the sea, and near a thermal spring or fountain of living water. Groves of trees refreshed the sight of the sick, and afforded to them cool and solitary retreats in their beautiful and spacious avenues.

The people came from all quarters on pilgrimages to those places sacred to the god of medicine. The sick and convalescent found there both agreeable and healthful diversions. The wholesome regimen to which they were subjected, the pure and temperate air they breathed, the faith and hope by which some were animated, the miraculous cures which were testified to—*all* united to affect their minds agreeably, and to exercise a happy influence on their constitutions.

Knowing the great influence of the imagination, these priest-doctors employed every means to control the minds of the patients, they not being permitted to interrogate the oracle until they were purified by washing, abstinence, fastings, prayers, and sacrifices.

"The patients who recovered went to their homes, blessing the divine author of their recovery, and leaving behind them testimonials of their gratitude.

Those who received no benefit, believing that their offerings were rejected because insufficient, redoubled their zeal and liberality; so that bad as well as good results added equally to the glory of the god and the profit of his ministers.

We have been thus explicit in describing the deceptive cunning of these ancient priest-doctors, in order to show the remarkable correspondence of the course pursued by them with that adopted by numerous modern illegitimate sons of Esculapius, who, in numerous cunningly selected salubrious and attractive localities throughout our country, have erected Homœopathic, Hydropathic, and Eclectic temples, in honor of the first propagators of their false and base assumptions; where, in return for liberal sacrifices of both time and money, fashionable, ignorant, and credulous votaries are made to believe, that health is secured and life prolonged by their inefficient and often injurious practice, rather than from the pure air of heaven, the life-giving fruits from the generous earth, the crystal streams from the ever-living fountains, and the beautiful mind-soothing prospects presented everywhere, above, beneath, and around us; which are the only true remedial agents for diseases of both mind and body, prescribed for and freely dispensed to his ungrateful children by the great physician, our Heavenly Father.

To return again to our medical history, it is evident from what has been stated, that, for a space of about 700 years, the science of medicine remained nearly dormant, wrapped up in a mysterious garb, in the hands of the Esculapiadæ or priests, whose crude doctrines were propagated and consultations held in the name of divinity in temples and caves dedicated to the to the god of medicine, Esculapius.

Finally, towards the close of the period under consideration, the foundation of the medical edifice, which had thus far been laid for the most part with mis-shapen material, taken at hazard and without taste or method, begins to rise, grand and majestic, gradually harmonizing in all its parts; for reason and genius have united to improve what accident and instinct had previously suggested.

The great philosopher *Pythagoras*, with his followers the so called Pythagorians, now appeared upon life's busy stage, and the scenes were once more shifted for the performance of another act in the great historical drama of medical progress. To the followers of Pythagoras belongs the honor of having been the first among the sons of Esculapius to reject with scorn the aid and support of an hypocritical priesthood.

Up to this time, the temples of Esculapius had been both schools for the student and dispensaries for the sick; but now the era of mysticism in medicine had passed away, and the reign of intelligence had began.

The gymnasiums no longer, as formerly, dedicated to physical exercise alone, became schools for the development of mind and the cultivation of medicine and the kindred sciences.

The next most distinguished laborer in the construction of the edifice, to which this new impulse had been given, was *Hippocrates*, born at Cos 469 years before Christ, of a family in which it was said the practice of medicine was hereditary, seven of them having been at different periods practitioners or teachers.

He was educated at Cos, one of the most noted Esculapian schools, after which he traveled into the various countries in which the science of medicine had been cultivated.

After his return to his native country, being rich in the materials he had collected, he published those immortal works that astonished the world, and made the physical science of man one of the most important branches of natural philosophy.

During his time, and for many years after, theoretical dogmatism exercised a tyrannical sway over the minds of physicians, compelling them to deviate from the more certain paths of observation and experience, and follow the then numerous false beacon-lights set up by Hippocrates and other learned but imaginative writers, among whom may be mentioned as most prominent, Plato and Aristotle, whose doctrines have exerted a great influence upon the march of mind, and especially upon the progress of medicine.

An idea of the attractive beauty of the then extensively popular Platonic philosophy, may be drawn from the following quotations from the writings of this brilliant and imaginative philosopher.

"Is anything more rational than to think by the thoughts alone, disengaged from all foreign or sensible agency; to apply at once the pure essence of thought in itself, without the ministry of the eyes and ears; without, in short, any intervention of the body, whose slightest influence only troubles the soul and prevents its finding wisdom and truth."

"I comprehend no longer all the other learned causes that are offered us, but if any one comes to tell me what it is that makes a thing beautiful, or gives it loveliness of colors or forms, or other similar things; I leave aside all these reasons which only perplex me, and I assume myself without plan or art, and probably too simply, that nothing gives beauty but the presence or communication of the original beauty. I affirm, nothing, except that all things beautiful are beautiful by the presence of beauty."

It was at a time when Pythagoras recommended, in secret, to his disciples, and when Plato taught publicly, with all the prestige of his imagination and eloquence — that contemplative philosophy, which assumed that the senses transmit false, doubtful, or illusory impressions, and that the mind, to attain truth and certainty, must isolate itself as much as possible from the body; that a pupil of Plato, (afterwards tutor to Alexander the Great, and finally the greatest of ancient philosophers,) *Aristotle*, stepped forth into the arena of science, and boldly announced, for the first time, that famous axiom, "All ideas come from the senses," and thus introduced into the philosophic world a new principle in manifest contradiction to the received dogmas of Pythagoras and Plato.

It appears, says he, that the "remembrance of things often repeated, creates experience: and experience, that is to say, every general notion which becomes fixed in the soul relative to the common properties of things, is the principle of science and art.

"To possess the knowledge that a remedy has been useful in the hands of Socrates and several others, is experience; but to know that such a remedy is good for all individuals of the same species, attacked by a given affection, is what constitues art."

The above quotations are sufficient to show, that there have been but few if any minds since his time, equal in capacity to that of this ancient philosopher; yet, for want of anatomical and chemical knowledge, his physiological conclusions, viewed by these great lights in medicine now burning so brilliantly, seem most absurd and unworthy of such an origin.

"The nerves," says he, "proceed from the heart, that viscus containing nerves in its structure, in its largest cavities; and what is termed the aorta is a nervous vein, whose extremities are nothing else than nerves.

"The principal nerves, are those of the ham, on which depends the power of leaping; and another double nerve called the tendon, and then the extensor and the nerve of the shoulder, which contribute to the strength of the body."

Such opinions as these from such a source seem most absurd, especially when we know, as we do, from history, that Aristotle had dissected a considerable number of animals of every species, and compares, with a sagacity astonishing for his era, the organic apparatus by means of which each of them lives and fulfills its various functions.

His position among his contemporaries may be inferred from the following quotation from an ancient satirist, who makes Mercury say: "Behold a man, who can tell you in a moment the duration of the life of a fly; to what depth the rays of sun penetrate the sea; and what is the nature of the soul of an oyster."

The last and most important portion of this period of the foundation of medicine, began about the termination of the wide-spread conquests of Alexander the Great; who, after subduing and bringing under subjection nearly all the physical force of the then known world, was equally ambitious to control and direct the march of mind, by making the capital of his vast empire the great centre for philosophical discussions and the development of the arts and sciences.

He, therefore, caused to be collected from the various parts of his wide domain all the manuscripts upon scientific subjects, and especially those upon medicine, with which was formed that wonderful collection of half a million of volumes, the Alexandrian library.

It is also said of this great conqueror, that, in the midst of the turmoil and excitement of war, he kept up a scientific correspondence with Aristotle, his former teacher; and not only furnished the necessary funds for that purpose, but occupied himself in the collection of animals and plants, and every sort of rare object, from the depths of Asia, from which was formed the first great museum of natural history.

This, with the library, were placed at the disposal of literary and scientific men of all nations, who were invited to this great centre of literature and science, furnished with rooms in or near the library and museum, and supported by a fund set apart for that purpose.

Some were charged with the collection and arrangement of manuscripts and specimens in natural history; others, with scientific and philosophic investigations; whilst all were required to meet at the museum on certain days, at what were called literary contests or feasts, to deliver lectures and discuss various subjects; after which, those who succeeded best received public eulogies and rewards proportionate to their merit.

Galen, who was one of the most noted among those who devoted themselves to investigations, with special reference to the advancement of medical science, is the only author of that period whose writings on anatomy, physiology, and other branches of medicine, have come down to us of the present day.

It would seem, from what we can now infer from the writings of this, the most distinguished of the numerous talented physicians of the Alexandrian school, that the success which then attended the cultivation of medicine, was due to the authorization of dissections of the human body, never before practiced without peril, but now not only permitted but encouraged even by sovereigns above the prejudices of the age.

Stripped of its mystic veil, the temple of medicine now takes a sudden progressive step.

All the materials for its construction, excepting that great corner stone, the discovery of the circulation of the blood, had been provided, and it only remained for William Harvey, one of our Anglo-Saxon progenitors who lived near the beginning of the 17th century, to bring forth from beneath the rubbish of demolished false opinions of that day, this much required constituent of a noble structure.

Thus it seems, that instinct, accident, and observation furnished the first materials for the foundation of our medical edifice, and that reason came next to polish, cull, and arrange these materials, and direct investigation and experience in laying the corner stone and the construction of its walls.

From this short review of medical progress during the age of its foundation, it will be seen that then, as now, two modes of acquiring knowledge were recognized:—

First. The logical or rational, which consists in establishing as a basis certain propositions or abstract principles, (*axioms*,) whence is deduced by reason the solution of particular causes or facts.

Second. The empirical or experimental, which consists in observing a great number of causes or facts, which being compared, classified, and made to harmonize, express certain propositions or abstract principles—*axioms*.

The first method, as it is seen, proceeds from generals to particulars, from the abstract to the concrete, from the axiom to the phenomenon.

The second, on the contrary, advances from particulars to generals, from the concrete to the abstract, from the phenomenon to the *axiom*.

Far from being opposed to each other, as was contended by ancient medical philosophers, these two methods fortify and enlighten each other; and the truth never takes hold of us in a more irresistible manner than when it is obtained by both routes at once, as is abundantly proven by the wonderful progress of the temple of medicine towards completion since this doctrine began to be recognized, as it now is, by our best medical writers and teachers.

An occasion like the present is not one admitting of a more extended view of historic medicine, we will now, therefore, after one other reflection, close our remarks upon this, to me, interesting subject, to do justice to which would require more time and study than most of us can command.

The facts upon this subject, as far as presented, show most conclusively that *Medicine*, like all the sciences based upon facts derived from the study of nature's undeviating laws and the careful observance of natural phenomena, has kept pace with the march of mind from its primeval state, when, like a child guided by the hand of parental love, its implicit confidence in the stability of truth had never been shaken to the present time, when far advanced on its journey in pursuit of knowledge, it has learned to watch for false beacon lights, deviating paths, and hidden pit-falls, which have so often led astray and retarded the progress of the ambitious and truth-seeking student, in his toilsome journey up the steep and rugged path to that Temple of ours, the pure light shining upon which is even now seen in the distance, indicating a nearer approach to that happy period when the rays of truth, unobstructed by false views and theories, will shine upon it with all their primitive brightness.

ARTICLE II.—*Pre-expulsion of the Placenta in Child-birth.*

By C. GOODBRAKE, of Clinton, Ill., March, 1856.

I was sent for in great haste to visit Mrs. B., residing 1½ miles out of town, on the 21st of February, at 9 o'clock, A.M., and who, I was informed by the messenger (her father,) was in the eighth month of her second pregnancy, and had that morning slipped on the ice before the door of the house, and fell with her back across a hewn stick of timber about eight inches square. On arriving at the house, I found the woman lying across the foot of the bed on her left side; her hands and feet cold, pulse feeble but quick, and complaining of a dull heavy pain in the lumber region, over which her mother informed me there was considerable abrasion of the skin, caused by the stick of timber, over which she had fallen. Upon inquiry she informed me, there was *very moderate* hemorrhage, and that she had only experienced two or three *slight* bearing-down pains since receiving the fall, but complained of a continuous pain in her back, and an uneasy sensation in her right side, and said something had torn loose in her side when she fell.

The sensation in her side, she described as a gurgling of water, and said it caused her to feel sick. In addition to these symptoms there appeared to be considerable nervous excitement.

After considering the nature of the case, and the symptoms as they presented themselves to my mind, I came to the conclusion, that by giving such remedies as would quiet pain, allay nervous excitement, and check the hemorrhage, the case might possiby be safely conducted to the full period of gestation. With this view, I prescribed a powder composed of morphine, camphor, and acetate of lead; ordered the woman to be placed properly in the bed; directed warmth to be applied to her hands and feet, and enjoined strict quiet.

I now stepped into an adjoining room to the fire; but the changing of the woman's position in bed, brought on violent pains with increased flooding, and her mother soon called me to the bed-side, and informed me that the water had come away. I immediately proceeded to make an examination, and to my surprise found the placenta already protruding through the external parts, and before I had time to make any further examination, there came on a violent pain and the placenta came away entire; the head of the child following the placenta so far as to press against the perineum.

I immediately placed my finger in the mouth of the child, and while in this position I distinctly felt the convulsive or gasping movements of the child, and in a few seconds the woman had another violent and protracted pain which expelled the child. When the child was born it did not breathe, but seemed to be affected with a general tremor, every muscle perfectly rigid, with arms and legs flexed, face bloated, and lips purple. I immediately instituted artificial respiration, when to my great satisfaction, and the unbounded joy of the relatives of the little premature, it first began to breathe on its own responsibility and then to squall. After the birth of the child, the uterus could be felt above the pubes, firm and well contracted, and there was no more hemorrhage. Mother and child (female sex) are both doing well up to this time, March 10th.

I must not neglect to state, that about three months previous to the accident above detailed, this same woman received a fall by the upsetting of an omnibus, at which time she was considerably bruised and a good deal frightened. And she informed me that ever since that time she had experienced more or less of the "uneasy sensation" in her side, and which was only aggravated by her fall on the ice.

So far as I can now recollect, I have never read of a case similar to the one I have attempted to describe. I have been unfortunate enough to have several cases of Placenta Previa come under my care, consequently I have endeavored to neglect no opportunity, by reading or otherwise, to inform myself on the subject, and to my mind, at least, this case presents the following points of interest:—

First. The very slight degree of hemorrhage for a case of *reversed birth*, there being no more blood lost than in the majority of cases of ordinary labor. This might be taken as an argument in favor of the plan recommended by some writers in cases of Placenta Previa, namely, the detachment of the placenta to avoid hemorrhage.

Second. The child being born alive after the expulsion of the placenta. How was life sustained from the time the placenta became detached and expelled, until respiration was established?

ARTICLE III.—*Neuro-Pathology of Intermittent Fever.* By G. W. Hall, M.D., of Bainbridge, Indiana.

Some pathologists assert that all diseases commence by disturbance of the function of the solid parts of the machine, and first of all of the nervous system. This view of the origin of, and seat of disease, appears to be very plausible and correct, since the nervous system is so predominant, and regulates and supplies all with energy. The disease that I would here introduce as a representative of those thus originating, or in other words, chiefly implicating the nervous system, is intermittent fever. The poison which produces this disease, after gaining access into the system, which it may do by being inhaled into the lungs, and there being in contact with the interior of the air cells, passes through and enters the circulation, where it may be distributed to the entire system, thereby deranging the nervous system by coming in contact with the extremities of the nerves; or the poison may act by making its first impression on the nerves in the lungs, whence it may travel through the entire nervous system, as electricity does a wire. As to the character or nature of the poison, all that we know is certainly hypothetical. It may enter the system in a gaseous form, which being sedative, or narcotico-irritative, produces by its effects on the nervous system a state of depression, or the first stage of the fever, which is soon followed by reaction; be this as it may, the nervous system appears to bear the onus of disease, the different organs of the body becoming deranged in function, as they do in neuroses, or other nervous disorders. It is well known that in hysteria and neuralgia, and other nervous diseases, the various organs of the body become deranged. Every observing physician knows the great influence of the nervous system over the circulatory and secretory functions, the modifications of secretion and calorification, which result from varying states of the innervation. We know that in our pernicious or congestive fevers, the nervous system is greatly at fault; all of the alarming symptoms are due to a want of a proper innervation, especially of the extreme vessels, which causes a retreat from the periphery of the body towards the centre, and this fever is nothing but a variety of intermittent, or autumnal fever. Hence, intermittent fever I class among the neuroses. I was led to give it this nosological classification from the therapeutical effects of the remedies prescribed, and the close observance of the effects therefrom. Quinine, arsenic, opium, iron, sulph. copper, strychnine, our chief remedies in intermittent fever. These are also our chief reliance in the treatment of nervous diseases.

In those localities where intermittent fever mostly prevails, we see also many cases of periodical neuralgia, which is connected with, or has its origin in the same cause, and requires the same remedies for its cure. We may sometimes, by watching the effects of our remedies, arrive at the nature of the disease—for instance, we know that opium will relieve the pain in neuralgia, whereas, in that of inflammation, it may aggravate it, while bloodletting will aggravate neuralgia, and relieve inflammation.

The practice which I have found to give speediest relief is, when called to a patient in the exacerbation of fever, with hot skin, frequent pulse, severe pain in the head and back, to an adult I would give 3 to 4 grs. of opium, which in a short time (one or two hours) produces a relaxation of symptoms, and the patient is comparatively easy, then complete the cure with quinine. If there appears to be much biliary derangement, in lieu of the opium I would give ½ gr. morphine, with 10 or 15 grs. calomel, which produces the same mitigation of symptoms as the opium does, completely relieving the severe pains in the head and back; and if in four or six hours the bowels should not act, oil or sulph. magnesia should be given. I have never found the large doses of opium above specified produce any bad effect, even in the most robust and phlethoric individuals; on the other hand, it has never failed to give complete relief, given in exacerbation of the fever, it is always followed by a profuse perspiration, and, of course, relief of the febrile symptoms. 3 grs. of opium with 3 grs. quinine, given two or three hours before the expected chill, will prevent it as completely as three times the quinine without the opium.

I have above hinted at a subject, which I should like to see more thoroughly investigated. I should like to hear from the abler of the profession, especially from Professor N. S. Davis, through the pages of the *Journal.*

ARTICLE IV.—*Fœtal Malformation.* By W. W. ADAMS, M.D., of Clinton, Illinois.

The following case of malformation of a fœtus may not be uninteresting to the readers of the *Journal.*

On the evening of the 22d inst., at 10 o'clock, I was called to visit Mrs. M., in her eighth labor. She is a lady about medium size, spare, and nervo-sanguine temperament. Upon inquiry, I found her health had been on the decline for the past three or four months, during which time she had suffered frequent attacks of nervous headache, with occasional chills, and a general feeling of weakness and debility. I examined the abdomen, and found it very much distended, hard and unyielding. No motion had been felt that indicated to her a living child. The pains came on at regular intervals, of ten or fifteen minutes, but the uterus was so much upon the stretch, that it seemed to have lost its power to act upon the fœtus. An examination per vaginum, satisfied me that the case was likely to prove an interesting one. A consultation was determined, and Dr. C. Goodbrake was called. After deliberation, Dr. G. ruptured the membranes; the water gushed forth in a torrent, wetting the Dr. to his shoulder, and lying in a pool around the ladies person, until it run through the bed and down on the floor in a considerable quantity. The pains now ceased almost entirely. The breech could be distinctly felt in the upper strait. There was no hemorrhage. We allowed the patient to rest for half an hour. Two ounces of a strong infusion of ergot was then administered, which produced slight contractions. The dose was repeated in fifteen minutes, and in a short time the contractions of the uterus were sufficient to expel the fœtus, with another enormous discharge of liquor amnii.

The child was not dead, as we supposed, but it survived only a short time, and was a very singular case of malformation. Both hands were placed upon the styloid process, at right angles with the radias; the styloid process of the ulna and pisiform bone forming a very neat shaped heel; the thumb, scaphoid and trapezium bones were entirely wanting; the metacarpal bone of the forefinger articulated with the styloid process of the radius. The lower extremities were so dreadfully deformed that it would take much time and space to describe the deformity. The extremities were little else than skin and bone; the abdomen was very large, and filled with water; the umbilicus was surrounded by a dark livid circle, of about two inches in diameter, which was raised at least half an inch; the anus had the same peculiar appearance; the sphincter ani absent; the funis was about an inch in diameter, and distended with a clear transparent fluid, and when cut yielded but a few drops of dark blood; the edges of the ears were rolled forward, and had a crisped appearance, as if it had been done with a pair of heated tongs; the occipital bone was pressed under the parietal bone the entire length of the lamdoidal suture, leaving an offset of near one-eighth of an inch. I would consider this last a very interesting feature in the case. No doubt the pressure of the occipital bone upon the animal brain had been continuous for some time, and was the principal cause of the ascitic state of the body and smallness of the extremities.

My attention was first directed to this condition of the occiput by an article from the pen of J. M. Sims, M.D., of Montgomery, Alabama, under the head of Trismus Nascentium in young children. Since that time, I have seen and treated a number of cases of trismus, which, if recent, required but little treatment, and was relieved in a very few days by placing the child on its side upon a hard pillow. The bones soon gain their normal position, and the patient is relieved. But, if suffered to remain, a general wasting of the system takes place in defiance of every internal remedy, and death is the inevitable result.

Dr. Goodbrake and myself were called to visit a child not long since, between three and four months old, where we found the occiput in the same condition as in the above case. The parents informed us that it was at first a fine promising child, but soon became weakly and peevish, had frequent spasms; had taken a great deal of medicine, but continued to decline. When we saw it the extremities were very little larger than a man's finger. It died with spasms in about twelve hours. I would suggest to practitioners the propriety of examining the condition of the occiput when called to treat very young children; and where this condition prevails, ready relief will in most cases be obtained by placing the child on its side as above stated.

Clinton, Ill., Feb. 1856.

SELECTIONS.

Lectures on Experimental Physiology, delivered at the College de France, Paris, during the year 1855. By Professor CLAUDE BERNARD. From Notes taken at the Lectures by ANTHONY PENISTON, M.D., of New Orleans.

Gentlemen—The mode of instruction adopted in the College de France differs materially from that of a Chair of Physiology in a Medical Faculty. In the latter, the teacher must promulgate his opinions dogmatically, considering the science as settled and complete. Here, on the contrary, we must consider every question as being open to investigation, and the science of physiology itself as if it were imperfect and unsettled. They must search among the records of the past, and must build up their fabric from the labors of others: we must look on the future destinies of our science. Let ours be the hope of extending its limits. Two methods of contributing to the progress of Physiology now present themselves:—

1st. To make new researches.

2d. To criticise old doctrines by submitting them to the test of experiments.

The celebrated Le Maistre said, that more discoveries were due to chance than to all the researches of the learned; he even said, that in order to make new discoveries it was necessary to be ignorant.

On the other hand, Bacon and his school have contended, that there is a method with certain rules by which the limits of science can be extended and new discoveries made.

That those principles are useful to guide us in our researches there can be no doubt; notwithstanding, experience has not proved that those who knew them best were the most fortunate in their application.

During the course of these lectures we shall investigate the mode of action of divers substances, which exercise a notable influence on the phenomena of life.

Two conditions are requisite to maintain life. 1st. The organism, that is to say, the integrity of all the organs, of the tissues, and their functions. 2d. The medium in which we live, comprising oxygen, heat, and the food requisite for our organism. But, at the same time, that we must study those chemical changes necessary to maintain life, so also must we investigate the nature of many substances, which, though not necessary to life, yet may be said to exercise a marked influence on our organization, suspending or destroying its functions.

Thus the numerous class of poisons and medicaments are perturbing agents, while oxygen, on the contrary, may be styled a conservative agent. But the study of medicines and poisons constitute the domain of therapeutics and toxicology.

Here we shall select a few of the most active substances, such as strychnine, nicotine, morphine, &c., in order to study their effects under a purely physiological point of view. We shall make use of them, as of a re-agent, which, by a specific mode of action, localized in some one tissue, will enable us to acquire precise notions on the nature of those tissues thus acted upon.

Physiology has no other aim or object than to analyse the phenomena of life.

In order to distinguish the part which appertains to each organ, amid the complicated phenomena of life, it has occurred to physiologists to destroy one organ, or tissue, and then to observe how the organism is affected by its absence.

Thus, by cutting a nerve, we destroy the functions of that nerve, and from it results either loss of motion or of sensibility, according as it is a nerve of motion or sensation.

But this process is exceedingly rude, and then when it becomes necessary to penetrate very deeply into adjoining structures in order to destroy some special organ, the morbid process may become so complicated as to involve the result in considerable obscurity.

When we examine the poisonous effects of certain substances, we ascertain that they act by destroying some one system of the organism, or some one tissue of the body. This point once settled thus becomes an excellent means of ascertaining the properties and functions of the different tissues. Thus, a substance of which the composition is not well known, but which possesses most active properties—the celebrated Woorara poison—exercises a particular action on the nervous system, it produces death without any apparent suffering, the animals manifesting no pain.

If we take two frogs, and sacrifice one by cutting off its head, we shall observe that, at a low temperature, the nervous system retains its properties during several days, and may react on the muscles under the influence of any exciting cause, such as galvanism or electricity.

On the other hand, if we poison the other frog with the Woorara poison, the excitability of the nervous system ceases at once: this poison annihilates the nervous system, and death is caused by the total abs the nervous influence.

Now, it is utterly impossible to remove by dissection the whole of the nervous system; at the same time we should lacerate and destroy all the surrounding tissues. But here we have a substance following the nerve in its minute ramifications to its ultimate fibrilla, at the same time that it respects completely the surrounding organs.

But let us return to our experiment of the two frogs. On the one poisoned with Woorara, galvanism produces no effect on the nervous system, yet when applied locally to the muscles it produces contraction. On the contrary, if on the decapitated animal we isolate a nerve, and touch that nerve with a galvanic current, we observe convulsive movements in the whole limb. This experiment proves that Woorara destroys at the same time the motor and sensitive system of nerves, but that it does not affect muscular irritability. Thus the question mooted by Haller, more than a century ago, that muscular irritability is independent of the nervous influence, is now finally settled. Marshall Hall still maintains that nervous excitability and muscular irritability depend one on the other.

But let us go one step further. The experiment with the Woorara poison proves, moreover, that the irritability of the muscular system is increased by the effect of the poison, and persists nearly twice as long as it does on the decapitated animal. But it may be objected that no two frogs can be in the same identical condition, and that if the experiment had been reversed, the result would also have been different. The following experiment must remove all objection of that nature. Let us take a frog, and while it is in perfect health we put a ligature around the femoral artery on one side, and then poison the animal with Woorara. Now, it follows that the blood cannot carry the poison to that leg, and what is the result? That muscular irritability disappeared at the end of five days in the leg where the poison does not circulate, while it persisted ten days in the other leg. We may then safely conclude that the Woorara poison destroys nervous excitability at the same time that it increases muscular irritability.

There is yet another consequence to be deduced from our experiment. Let us examine the heart of the frog poisoned with Woorara; you will observe that it still beats perfectly. This proves that the heart is independent of all nervous action; and is in that respect quite an exception to the general rule. This is the reason that though separated from the brain and spinal marrow the heart still contracts.

You perceive from this experiment how we can make use of poisons to analyze the phenomena of life; they become, in the hands of the experimental physiologist, a re-agent, exercising a determinate action on certain parts of the organism, just as the chemist uses his tests in the laboratory to analyze and separate different substances. If it be asked what science we would promote, what good can result from our researches; we should answer, that this art is especially destined to throw light on medical science. It has been said that medicine and physiology are independent sciences, that the latter is more curious and entertaining than useful to the physician; for, say they, to what physiological state does fever correspond? To that we should answer, that if physiology was more cultivated we should then know what particular morbid state or derangement of which set of organs the fever was owing to.

Thus it is we know at present that diabetes has its physiological correlative. A few years ago, if it had been asked, is diabetes the result of some functional disorder producing sugar as a substance entirely foreign to the system, or is it produced by some mal-assimilation of the digestive organs, what would have been the answer? At this day, we know that the presence of sugar in the urine is owing to the exaggeration of a strictly physiological function, for in the normal state sugar is secreted by the liver. We know, moreover, that we can render animals diabetic by introducing a sharp pointed instrument into a certain portion of the medulla oblongta.

Fever also can be produced by some functional disorder. Thus, if we cut certain *filaments* of the great sympathetic nerve, fever supervenes in that part. (Here Mr. Bernard shows a rabbit on which he has made a section on one side of the sympathetic nerve distributed to the ear, and the result is plainly visible in the increased heat and redness of that ear compared with the other.) It has also been ascertained that if a section be made of a certain part of the great sympathetic distributed to the thorax or abdomen, we can produce pleurisy in the first, and peritonitis in the second. Undoubtedly there are many morbid states which we cannot explain by physiological laws as yet known; but it cannot be denied that the progress of physiology is destined to throw great light on those pathological conditions which are now the most obscure.

LECTURE II.

In order to show the relative bearings of physiology and pathology, it may not be uninteresting to give a short sketch of the differet theories and opinions on the nature of diabetes. This disease has been known from the most remote antiquity;

but it was characterized in a very vague manner, and its symptoms very imperfectly described. Thus, a person was said to be diabetic when he voided unusual quantities of urine, accompanied with other general symptoms, such as emaciation and loss of strength. On account of the latter symptoms, it has been likened to phthisis, one being of the lungs, the other of the kidneys, but the presence of sugar in the urine was long unknown. When this peculiarity was ascertained, a distinction was made between simple diabetes, or polyuria, and diabetes mellitus. In the present state of science this distinction is not admitted, diabetes being always characterized by the presence of sugar in the urine. The celebrated Willis was the first who said that the urine of diabetics was sweet and had the taste of honey. Rollo, who came afterwards, thought that the presence of sugar was due to a vitiation of the gastric juice, which changed the fôod into sugar instead of transforming it into chyle. Nicolas and Gueudeville, who wrote on the subject towards the year 1803, placed the seat of the disease in the intestines. They thought that chyle, being a nitrogenous fluid, produced by digestion, the diabetic sugar was nothing more than chyle deprived of nitrogen. In 1813, Mr. Chevreuil showed that diabetic sugar was similar to that produced from starch, which is transformed into sugar by the process of digestion.

Mr. Bouchardat thinks that sugar is formed in the stomach, and that it is absorbed directly. Mr. Mialhe has propounded another theory. Having ascertained that when diabetic sugar, or sugar produced from starch, is heated in presence of an alkali it is completely destroyed, Mr. Mialhe thought that sugar was a normal product of digestion, and that if the blood was not sufficiently alkaline to destroy the sugar, the person became diabetic; therefore, said he, the cause of the disease is in the blood, from which he concluded that the treatment should be by means of alkaline remedies.

But setting aside all these conflicting theories, formed, most of them, *a priora*, when we undertake to account for the presence of sugar in the urine, we find that it can only have its origin in two ways. Either it is introduced as food, or is fabricated abnormally in the system. We shall endeavor to show that in the normal state we secrete sugar internally, but that physiologically this sugar disappears before it reaches the kidneys. Diabetes, then, is nothing more than a deviation of a physiological state. Before considering the origin and production of sugar in the system, we must premise that chemists recognize three different kinds of sugar, viz.:—

Cane sugar.
Grape sugar.
Starch sugar, or glucose.

Cane sugar differs from the others in this, that the alkalies have no action on it, but the acids transform it into grape sugar, or glucose.

The alkalies have a particular action on grape sugar and glucose—thus, if we take a solution of potassa, and add to it some diabetic sugar or glucose, and then expose it to heat, the liquid takes a brownish hue, the sugar disappears and is transformed into various acids. On the contrary, ordinary cane sugar, being heated with potassa, does not alter its color. Pure cane sugar, boiled with an acid, is transformed into grape sugar. The following test is considered one of the best to detect the presence of sugar in the urine: Take a solution of tartrate of potassa and copper, with an excess of potassa, put a few drops into a test tube containing diabetic sugar, and expose the whole to the flame of a spirit lamp; the liquid, which is previously of a beautiful blue, speedily changes color, giving rise to an orange yellow precipitate.

Cane sugar, exposed to the same test, gives no result, as it exercises no chemical action on the tartrate of copper. Being exceedingly delicate, this test can be used to ascertain the proportion of grape sugar contained in a given solution. When we use the test for grape sugar, in the way above mentioned, the reaction which takes place is called a reduction of the liquid. The chemical change which takes place is as follows: When either grape sugar or glucose is heated they are converted into various acids. Now, this liquid tartrate of potassa contains a salt of duetoxide of copper, and when the sugar is decomposed, it takes away one equivalent of oxygen from the copper, which thus becomes a salt of protoxide of copper, and that being insoluble is precipitated. This liquid, which is known under the name of Barriswill's test, only gives this result when in presence of grape sugar or glucose. Potassa has also been used as a test, but it may lead us into error, as a solution of tannin heated with potassa gives the same brown color as a solution of glucose.

When the liquids, which we wish to test for sugar, are colored—as blood, for instance—we must filter them through bone black; this takes away the coloring matter and the other albuminous and organic substances, but in no way affects the sugar; we thus obtain a pure and transparent liquid, which can be readily tested by the method above mentioned. Another method, which allows us to ascertain the presence of sugar, is to produce fermentation by means of yeast, the sugar being decomposed into carbonic acid and alcohol, the latter burning with a peculiar bluish flame.

Polarized light has also been used to distinguish certain characters appertaining to grape and cane sugar.

Having thus explained the different kinds of sugar, and the tests by which it can be recognized, we are now prepared to investigate the origin and production of sugar in the system.

We have ascertained, beyond a doubt, and our experiments will prove, that sugar is formed from the blood, but that its production is totally independent of the species of food taken into the stomach. No sugar is found in the blood before entering the liver, but its presence in the blood which comes out of the liver is easily ascertained. The liver itself contains sugar in considerable quantity, and is the only organ possessing that property. It was long thought that the presence of sugar in the urine of a diabetic person, was owing to imperfect digestion of some particular kind of food; hence, physicians directed their exclusive attention to the diet of those patients, until it was almost universally admitted that all those substances which contained starch in any form increased the disease. Now, however, we must place the disease in some functional disorder of the liver, the nature of which we shall endeavor to elucidate in the progress of these lectures.

The existence of sugar in the liver being settled beyond all doubt, it was and is still objected by some physiologists, that this sugar did not take its origin in the liver, but having been introduced through the medium of absorption, was only localized and concentrated in the liver. That a dog, for instance, having eaten bread or some other substance containing starch, which is capable of being transformed into glucose, would have this sugar carried to the liver by the general circulation, and there it would be liable to remain a considerable time. A great deal has been said of this localization of different substances in the liver; thus it has been reported that mercury, copper, arsenic, &c., had been found in the liver of persons who had taken those substances during life. Therefore, some physiologists, reasoning by analogy, said it would not be strange if the sugar had reached the liver in the same way. But whatever may be the fact as to those other substances, the best proof that sugar is not introduced in that way, is, that we find it in the liver of the fœtus before any food has been taken into the stomach. Here are several livers taken from calves at the fourth or fifth month of gestation; you see that our test plainly indicates the presence of sugar: moreover, when submitted to the process of fermentation, alcohol will be produced. Certainly it cannot be said that this sugar was introduced by means of the food, for the stomach had never received any.

It might be said that the mother takes in food, and that this sugar may be introduced into fœtal circulation by vascular communication through the placenta. But it is well known that no such communication exists between the mother and the fœtus; moreover, the blood globules of the fœtus are larger than those of the mother, and could not circulate in the capillary vessels of the latter.

Another fact comes in to settle the question. The function of the liver which produces sugar, does not begin until the fourth or fifth month of uterine life; before that period no sugar is found in the liver, though the same relation exists between the mother and the fœtus, as far as nutrition is concerned, before that period as well as afterwards.

There is yet another proof that sugar is not simply localized in the liver; for those substances, such as arsenic, mercury, &c., which have been said to be found in the liver, when once they penetrate into the liver, remain there indefinitely. Sugar, on the contrary, disappears from the liver as soon as the function of the liver ceases. Thus, when animals die of disease, their liver contains no sugar. This is the reason why no sugar is found in the liver of the subjects commonly brought to our amphitheatres.

Although there be no relation of cause and effect between the nature of the food and the formation of sugar in the liver, yet innervation exercises a direct influence on this function. When a section is made of the pneumogastric nerves, the formation of sugar in the liver ceases at once. Here is a rabbit on which were cut those two nerves yesterday evening: you see he has survived the operation; we shall now sacrifice him, in order to prove that all traces of sugar have disappeared from the liver.

We must therefore admit that sugar is formed in the liver through a special function appertaining to that organ, and subject to certain physiological variations, according to the state of the system.

2d. That this function commences at a certain period of uterine life.

3d. That, during disease, the formation of sugar either diminishes or ceases completely. This is an excellent method of ascertaining whether an animal died in a state of health or in consequence of disease, for, in the former case, sugar would be found in the liver, and in the latter not.

Here is the result of an analysis, giving the proportion of sugar found in the livers of different animals:—

Human fœtus, at 6½ months,	0.77	per cent.
Fœtus calf, from 7 to 8 months,	0.80	"
Fœtus of a cat, at term,	1.27	"

On the other hand, the following analysis shows that the different varieties of food exercise very little influence on the production of sugar in the liver:—

A dog fed exclusively on meat,	1.90	grammes	per cent.
Another fed the same,	1.40	"	"
A dog fed on meat and bread,	1.70	"	"
Another fed the same,	1.30	"	"
A dog fed exclusively on starch,	1.88	"	"
Another fed in the same way,	1.50	"	"

The liver, you know, is a large glandular structure, situated in the abdomen, and placed as a sort of barrier between the digestive system on the one hand, and the general circulation on the other. The liver receives, by the vena porta, the blood which comes from the digestive organs; this blood traverses the liver, undergoing divers modifications, and then comes out by the hepatic veins, which empty themselves into the inferior vena cava. Besides these two sets of vessels, we have the lymphatics and the hepatic artery. The latter exercises no influence on the function of the liver, but only serves for the nutrition of the substance of the liver, and does not afford materials for the different products of that organ. Sugar is formed from materials furnished by the blood of the vena porta; this production of sugar is a secretion analagous to others in the animal economy.

Thus we see that several functions appertain to the liver, for we know already that it produces bile. The liver is an organ which exists in all animals. For a long time it was thought that the liver only served for the production of bile; and, as it was said by physiologists, that bile was useless in the animal economy, the argument was that the liver itself was unnecessary.

But, in the first place, it is now well ascertained that bile has most important functions in the process of digestion, and, moreover, the liver fulfills other purposes connected with the respiratory functions through the production of sugar.

It is said, that an organ which secretes, must be provided with an excretory duct. Now that is true so far as regards the secretion of bile, but there is no special duct for the elimination of sugar. It mixes with the blood coming from the liver, and is thence carried to the lung.

How does this secretion take place? All secreting organs are formed of cells, and this is the case with the liver. These cells are disposed in masses, which, by compression, assume a spheroidal or polyhedral form, constituting the lobules of the liver. At the centre of each lobule the commencing radicles of the hepatic vein take their origin; the branches of the vena porta, on the contrary, ramify on the surface of the lobules. The biliary ducts commence within the lobules by numerous ramifications, which form a closed network or plexus, occupying principally the outer portion of each lobule. The blood which enters the liver undergoes very important modifications in traversing the cells situated between the ultimate ramifications of the vena porta and the origin of the hepatic veins. There it is that the blood is divided into those component elements which produce sugar on the one hand and bile on the other. But these two secretions are entirely distinct, for there are two sets of cells, one forming the bile and the other the sugar; the bile being composed from the nitrogenous elements of the blood; the sugar, on the contrary, from the albuminous or non-nitrogenous elements.

The production of those two substances is not concomitant—that is to say, when the formation of bile is most active, that of sugar is at its lowest point, and *vice versa.*

The exact relation of the biliary ducts to the cells of the liver has never been well ascertained. Though coming from an organ containing sugar, the bile itself contains none, which proves that the two excretions are independent.

In the mollusca, snails, and others of that class, it can be seen that the bile, or rather the liquid coming from the liver, does not always present the same character. When digestion is going on, the duct which comes from the liver furnishes a very sweet liquid; then this liquid ceases after a certain time—it changes color from white to green, becomes exceedingly bitter, and no longer retains any traces of sugar. Thus the production of sugar takes place during digestion; that of bile, on the contrary, takes place after digestion. This is contrary to the old admitted opinion, that bile was produced during digestion. But, that this is not the case, can be easily demonstrated on a dog having a biliary fistula. Here is the operation which must be made to establish a biliary fistula on that animal. Make an incision in the right side, enabling you to pass a ligature around the ductus communis choledochus, which is thus prevented from emptying into the abdomen. You must then draw out the gall bladder, and attach it to the skin, where it becomes adherent; lastly, you make a small puncture, and then the gall bladder itself becomes an excretory duct, by which the bile runs out. By this means you can ascertain that, during digestion, bile runs in very small quantities; but that about seven hours after a meal, much larger quantities of bile are excreted. During digestion bile is poured into the intestinal tube, but it comes from the gall bladder, into which it has been accumulated beforehand, as a sort of reservoir. Sugar, on the contrary, is produced about three hours after an animal has eaten.

All animals are not alike provided with a gall bladder; the horse, for instance, has none, but the ductus communis choledochus is very large, and provided with a sphincter, which thus retains the bile.

In certain insects the liver does not exist as a distinct organ, but we find in its stead two series of glands, of which those situated above secrete bile, and those below secrete sugar, while both pour their secretions into the intestinal tube. We have thus far arrived at the following conclusions, which may be stated as general propositions.

1st. There are two functions in the liver, but they do not seem to be the result of the same anatomical element—one producing sugar, the other bile.

2d. These two secretions are neither permanent nor constant, but intermittent, there being oscillations in the secretion of sugar as well as bile.

3d. Sugar is not an excretion like urine, for in the physiological state it should not appear outside the system; it is only pathologically, as in diabetes, that sugar is excreted with urine. The following is the origin and progress of sugar in the system: After its production in the hepatic cells, sugar comes out of the liver by the hepatic veins; it then reaches the inferior vena cava, where it mixes with the blood coming from the lower extremities; from the inferior vena cava, the sugar passes into the right side of the heart, whence it is driven into the lung. There, the sugar is brought into contact with the atmospheric air, and is destroyed by undergoing a peculiar species of combustion, so that when the blood comes out of the lung it no longer contains any sugar. The quantity of sugar is at its summum in the interval between two meals, when digestion may be said to be most active; so that, though the secretion be constant, there are periods when it is more considerable than others.

The proportion of sugar in the blood of the hepatic vein is about one per cent., but in the right ventricle (and it has been still further diluted) the proportion is about ⅓ per cent. At the beginning of digestion, the blood of the vena porta is supplied on the one part from the capillary terminations of the mesenteric arteries, and on the other from divers soluble matters and liquids absorbed in the intestinal tube. On this account the liver receives, at that moment, a much larger quantity of blood than during abstinence, the secretion of sugar is rendered more active, and then the proportion of sugar in the hepatic vein may be as much as 1½ or 2 per cent. The quantity of sugar being thus considerably increased, it may happen that all will not be destroyed in the lung, and then arterial blood will contain a small portion. This is generally found to be the case where an animal is sacrificed during digestion, for, whatever be the food, some sugar will be found in the whole circulation, but always in much greater proportion in the blood of the hepatic vein and vena cava. This ocillation, in the production of sugar, is very important, as it is found even in the pathological state, for it has been observed that some persons are diabetic at certain times and not at others.

The appearance of sugar in the urine may depend upon two causes; either its destruction in the lung is not sufficiently rapid, or its production is abnormally increased.

It being thus settled, that the sugar takes its origin in the liver, while, on the other hand, it is destroyed in the lungs, we perceive at once that a most intimate physiological relationship must exist between those two organs; and pathological anatomy has verified this law, for diabetic subjects have generally important lesions in the lung as well as in the liver.

In the physiological state, bile never contains any sugar. If you sacrifice an animal and examine the bile instantly, it will not contain any traces of sugar. But, on the other hand, if you were to examine bile taken from an animal which has been dead for some hours you may find evident traces of sugar. The reason is this: when life ceases, the liver becomes subject to purely mechanical laws, and as sugar has a strong endosmotic power, that which is contained in the hepatic cells may easily pass into the biliary ducts, whereas during life this is never the case.

In studying the functions of the liver, the following propositions present themselves for investigation:—

1st. What alterations may supervene pathologically in the cells of the liver?

2d. What changes take place in the composition of the blood while passing through the liver?

3d. What influence is exercised on the functions of the liver by the purely mechanical phenomena of the circulation?

4th. What is the influence of the nervous system on the functions of the liver?

As to the nature of the alterations which the hepatic cells may undergo, we know but little. The fatty liver is observable among certain animals fed in an artificial manner, producing a metamorphosis in the cells of the liver which are filled with large quantities of fat. The liver, however, still continues to secrete sugar, two analyses presenting, the one case 1, the other 1½ per cent. of sugar, which is even beyond the ordinary proportion of sugar in the liver. Besides this, the liver is subject to a great variety of degenerations and morbid productions; but these alterations generally leave a portion of the organ in a healthy state, and this continues to supply the wants of the economy.

On the influence exercised by the composition of the blood on the production of sugar in the liver: —

As the composition of the blood in the vena porta varies according to the nature of the food, it is important to know what influence those changes may exercise on the production of sugar. This question has been raised especially in the treatment of diabetes, where it may be useful to know what kind of food produces the least sugar. Formerly physiologists thought that sugar in diabetes was produced exclusively by vegetable food, and consequently the deduction that those patients would be most benefitted by nitrogenous articles of diet and animal food, while, on the other hand, bread was supposed to furnish a large proportion of sugar. But as we have now ascertained that the production of sugar exists in the liver, what becomes of the sugar introduced into the system from outside?

Before answering this question, we must know what would be the consequence of prolonged abstinence on the production of sugar.

When an animal is entirely deprived of food, we have ascertained that sugar gradually disappears from the liver. Prior to this, however, sugar can only be produced from the materials furnished by the blood contained in the vena porta, for, in the absence of all food, the intestines can furnish no materials to the vena porta through the different absorbent vessels; therefore the blood, circulating in the vena porta, is furnished exclusively from the blood of the mesenteric arteries passing into the portal circulation through the intermedium of the capillaries. Thus we prove, that the production of sugar is independent of the nature of food. In an animal, exposed to complete abstinence, the liver continues to secrete sugar until the animal loses 4-10ths of its weight: at that period, there is a complete paralysis of the digestive organs, and if it were attempted to nourish the animal, its life could not be saved. Dogs, thus exposed to starvation, die from the twentieth to the twenty-second day; Guinea pigs, from the twelfth to the fifteenth day.

Touching this question of prolonged abstinence, it may not be uninteresting for us to learn what takes place in those hibernating animals which are known to pass whole months without eating. Valentin, who has experimented on the marmot, an animal inhabiting the higher regions of the Alps and Pyrenees, has ascertained that those hibernating animals are not in the condition of an ordinary animal deprived of food. Having kept one of these marmots, which slept 39 days without eating, he then sacrificed it, and found that the liver contained 2.87 per cent. of sugar. He found in the intestinal tube of those animals a peculiar whitish substance, which was continually secreted by the stomach, in a manner peculiar to those animals. There was then re-absorption of this matter in the alimentary tube, and nutrition was thus kept up at the expense of the animal itself, for it continually diminished in weight. In our next lecture we shall consider the influence of food on the production of sugar.—*N. O. Medical News and Hospital Gazette.*

[To be continued.]

BOOK NOTICES.

American Journal of Pharmacy.

This excellent Journal for March, 1856, is received. It is filled, as usual, with valuable and interesting matter. It contains a notice of the new edition of the Pharmacopœia of the United States, which we copy for the benefit of our readers who may not have seen the work:—

"Since the publication of the first Edition of the Pharmacopœia of 1820, the present is the first instance when it has been found necessary to issue an inter-periodical edition. The Committee of Publication have not felt justified in making additions to the work of preparations of recent origin, nor of new drugs, and have limited their labor to the correction of some few errors of the previous edition, and to a few changes (in the processes for Solutions of Nitrate of Iron and Citrate of Magnesia) which seemed to be much needed. In 'accordance with an expressed wish from several respectable sources,' this edition has been published in a cheaper form, so that it is within the reach of all;

and it is to be desired that in the future Decennial revisions, attention will be given to this point, so essential in effecting the wide adoption of the Pharmacopœia as the authorized guide book for the Apothecary in the United States. The book is well printed, and the price is but one dollar, the previous edition being $2,50. Every apothecary and physician should obtain a copy of it to be able to tell what are the preparations officially recognized as officinal."

Clinical Lectures on the Diseases of Women and Children: By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children and Clinical Midwifery in the University of New York. "*Medicus curat morbos, natura sanat.*" Second edition. New York: S. S. & W. Wood, 1856.

From the preface to the second edition, we learn that the first edition was exhausted in a period of three months. He tells us, in the first edition, that these lectures have been reported by Drs. Palmer Woodcock, H. C. Cooper, and Thos. A. Gregory, and that most of them have been published in the *American Lancet.* A medical gentleman, in whose judgment we have great confidence, says that "it is a pity they had not been allowed to remain there," an opinion in which we fully coincide.

J.

On Bandaging and other Operations of Minor Surgery: By F. W. SARGENT, M.D., Member of the College of Physicians of Philadelphia, &c., &c. New edition—revised and enlarged, with one hundred and eighty illustrations. Philadelphia: Blanchard & Lea, 1856.

The author professes to present information in reference to subjects slightly alluded to in systematic courses of lectures, or in most of the published treatises on the science of surgery, and yet he says that "originality can scarcely be expected in a work of this kind, excepting, perhaps, in its composition." The book contains much that is useful to the young surgeon, but, in our judgment, is open to the same objection that may be urged against all of the compends, abridgements, &c., of the different branches of medicine. They are likely to divert the attention from larger and more complete works, while, at the same time, they only partially supply the wants of the practitioner.

The book is for sale by Keen & Lee, Chicago, Illinois. J.

How to Nurse Sick Children: Intended especially as a help to the Nurses at the Hospital for Sick Children, but containing directions which may be found of service to all who have the charge of the Young. New York: S. S. & W. Wood, 1856.

This little book has been laid on our table, and we should be very glad to see it in every sick room in our city, for it is full of useful hints and valuable directions for the management of sick children. J.

A Treatise on Medical Jurisprudence. By FRANCIS WHARTON, author of a Treatise on American Law, &c., and MORETON STILLE, M.D., Lecturer on the Principles and Practice of Medicine, in the Philadelphia Association for Medical Instruction. Philadelphia, Kay & Brother, 17 and 19 South Fifth Street, 1855.

This work is the joint production of both medicine and law. Of the legal author, we know less than of the medical, although we believe he holds a prominent position in his profession. Dr. Stille, the representative of our own profession, was a young man of rare abilities and of very superior attainments. In his death, which took place on the 20th of August last, the profession sustained a severe loss.

The work is divided into six books, the first of which treats of mental unsoundness; the second, questions relative to the fœtus and new-born child; the third, questions arising out of the difference of sex; the fourth, of questions relative to identity; the fifth, of questions relative to the cause of death; and the sixth, of the legal relations of homicide, fœticide, and infanticide. The second, third, fourth, and fifth books, are by Dr. Stille.

The work is full and complete, so far as the wants of the medical witness is concerned; and we unhesitatingly recommend it to our readers.

For sale by D. B. Cooke & Co., Chicago. J.

Report of the Pennsylvania Hospital for the Insane, for the year 1855. By THOMAS S. KIRKBRIDE, M.D., Physician to the Institution. Published by order of the Board of Managers. Philadelphia, 1856.

The total number of patients in the hospital during the year, was 399. The highest number at any one time, was 242, the lowest 223; and the average number under treatment, during the whole period, was 233. Of the patients discharged during the year 1855, were

Cured,	101
Much improved,	13
Improved,	23
Stationary,	11
Died,	21
Total,	169

The report contains valuable statistical tables, presenting a carefully prepared digest of all the cases received into the hospital, from its opening in 1841 to the present time. J.

The Practitioners' Pharmacopœia and Universal Formulary, containing 2000 *Classified Prescriptions, selected from the practice of the most eminent British and Foreign medical authorities, with an Abstract of three British Pharmacopœias, and much other useful information for the practitioner and student.* By JOHN FOOTE, M.R.C.S.—London. Revised, with corrections and additions, by an American Physician. New York, Samuel S. & William Wood, 1855.

This work is of a class for which we have no partiality. The well-educated physician will combine his remedies to suit the special conditions of individual cases. There is, however, in this little book much that is useful, as will be inferred from its title page. J.

A Practical Hand-Book of Medical Chemistry. By JOHN E. BOWMAN, F.C.S., Professor of Practical Chemistry in King's College, London. Second American, from the third and revised London edition, with illustrations. Philadelphia, Blanchard & Lea, 1855.

We have received from the publishers a copy of the above work, which we take pleasure in acknowledging, and also in recommending to our readers and to students of medicine. For the benefit of those not acquainted with it, we extract a portion of the preface to the first edition, from which an idea will be gained of its scope, &c.

"The want which, as a teacher of Practical Chemistry in a Medical School, I have long felt, of a small manual containing instructions for the examination and analysis of urine, blood, and a few other of the more important animal products, both healthy and morbid, and comprising also directions for the detection of poisons in organic mixtures and in the tissues, was my chief inducement in undertaking to write the present little work.

"In doing this, my endeavor has been, to supply a book that will be found useful, not only to the Medical Student, but also to the Practitioner, to whom the value and importance of the applications of modern chemistry and microscopic analysis to his art, are becoming daily more and more apparent."

The present edition embodies all the new discoveries and improvements in medical chemistry up to the time of its publication. J.

Tully's Materia Medica and Pharmacology, for January, 1856, is received. This No. completes 954 pages of the work. It is published at 25 cents per No. by Jefferson Church, M.D., Springfield, Mass.

Some of our readers may wish to know what Dr. Tully says of veratrum viride. It is considered in connection with sanguinaria vernalis and lobelia inflata, in the Proem to the class called by the author Erethistica.

The following is the language of the author:—

"I have repeatedly seen a very obvious, indeed prominent degree of that part of an erethistic operation, on which the primary part of my definition is founded, produced by veratrum viride and sanguinaria, more frequently in children, but repeatedly in adults. I do not feel equally confident of ever having seen them produce those effects, in any decided degree, on which the secondary part of my definition is founded; and yet a priori, I should sooner expect they would produce them than any other. The term acrid-narcotic as employed by authors, has reference as much to such articles as veratrum viride, sanguinaria vernalis, etc., as to any other, in which an individual active proximate principle, as sanguinaria or sanguinarine for example, is at one and the same time acrid, and as is supposed, narcotic. But do veratrum viride and sanguinaria or the active proximate principle of the latter, viz.: sanguinaria or sanguinarine (I do not pretend to say anything of the active proximate principle of the former, whatever it may be, for it has never been isolated, and therefore its nature and character has never been determined) possess any true and genuine narcotic power? Does either veratrum viride or sanguinaria vernalis, ever prove directly antirritant, anodyne, or soporific? Is not such an operation essential to a true and genuine narcotic? Although I once entertained a different opinion, I believe, mainly on the ground of authority, yet I am now obliged to doubt whether either veratrum viride or sanguinaria vernalis, or the active principle of the latter, ever prove directly antirritant, anodyne, or soporific. As now appears to me, their ultimate effects vary very considerably from the ultimate effects of the ordinary true and unequivocal narcotics. But do they ever produce either of the sets of effects which constitute the primary part of my definition of erethistics; or even the set of effects which constitute the secondary part of my definition? At the time that my professional pupils and myself were investigating the powers, operations, and effects of these agents, I had no very definite and precise ideas even of a narcotic power, and much less of an erethistic power; so that none of the observations made at that time, are now available towards settling the present question. But the term acrid-narcotic, I believe, is not unfrequently applied to articles affording much less evidence of a true and genuine narcotic power than sanguinaria vernalis and veratrum viride. Now, the only doubt in regard to veratrum viride and sanguinaria vernalis, for which there seems to me to be the least shadow of ground, is whether they are narcotics and erethistics, or erethistics merely. I have been in the habit of employing both of them ever since the summer of 1810, and I have never witnessed any thing like a direct antirritant, anodyne, or soporific effect from either of them; though I have often witnessed erethism when they have been given in comparatively large doses, at short and regular intervals. For myself I have not the least doubt that they are non-narcotic erethistics; and yet as some professional friends who even recognize the power that I call erethistic, still insist that these articles are narcotic instead of erethistic, I am perfectly willing that my readers should have all the benefit of these doubts, thus having the question fairly brought before them. I have never seen any spasms or convulsions produced by veratrum viride or sanguinaria vernalis; nor have I ever known them destroy life; and with me there is as great a deficiency of definite and precise testimony upon these points as of actual knowledge.

Are veratrum viride and sanguinaria vernalis ever capable of relieving the acinesiæ, parases and paralyses, rheumatalgia and neuralgia vera, or chronic forms and stages of rheumatismus and podagra? I have never known them employed in the acinesiæ, pareses or paralyses, nor in neuralgia vera, but in all the other diseases above-mentioned they have a well established efficacy. As there is unquestionably a strong analogy between the alcaloid now improperly called veratrine, and the active proximate principle of veratrum viride, as well as sanguinarine (the principal difference consisting in the fact that the last two are entirely destitute of all cathartic power, while the first is hydragogue cathartic) I can not see any good reason why veratrum viride and sanguinaria vernalis, but much more especially their active proximate principles in a separate state, might not be serviceable in the acinesiæ, pareses, and paralyses, and perhaps even in neuralgia vera, if employed as is directed for what is called veratrine, and for delphanine. But I have never known them tried in these diseases.

If we should admit that veratrum viride and sanguinaria vernalis are narcotics, it would not follow that lobelia inflata is so likewise. The erethistic power of this latter agent is materially different in quality from the erethistic power of the clematidiæ, anemoneæ, etc. If I were to rank veratrum viride and sanguinaria vernalis with the narcotics, I should not by any means associate lobelia inflata with them. Its utter destitution of any thing even like a true narcotic power will be shown when I come to treat of it individually. Though some varieties of erethistic power may be and are commonly mistaken for a narcotic power, yet some of them are so unlike, as never to be thus confounded with it, by any accurate observer at least. I feel absolutely certain that lobelia inflata is not narcotic; but if I mistake not, when administered in a comparatively large quantity in uniform doses, at regular and very short intervals, it is decidedly erethistic.

I never happened to witness either convulsions or death produced by either of these three articles; but if we may rely on very vague testimony, they extinguish life by occasioning extreme constitutional irritation and rapidly progressive exhaustion of the energies and powers of the nerves of chimical action, nutrition, and reproduction. Such being the fact, I should think that if they ever produce convulsions, they must be of the clonic sort."

EDITORIAL.

Personal Matters.

The editor of the *Buffalo Medical Journal*, in his April number, closes an allusion to the *Peninsula Journal* and our recent controversy with one of its editors, with the following paragraph:—

"In that hope, we shall say nothing more at this time—except to express our wonder at the very pleasant manner in which the *Peninsular* is soothing its quandom antagonist, the *North-Western*. All through the stormy fall and winter months, the *Peninsular* has showered down epithets on the *North-Western*, implying every sin in the decalogue (though dwelling particularly on the *eighth* commandment;) but now the *pleasant May is coming*, and the *Peninsular* is billing and cooing towards the *North-Western* like any turtle dove! What does it mean?"

Sure enough, what does it mean? Why, friend Hunt, it means simply, that it is more in accordance with the tactics and sense of propriety of the *Peninsular* to commence playing the part of the dove, all at once, than to give its readers a manly and honorable reply to the demands made upon it in the December number of this journal.

It may not be amiss to inform our readers that the only reply which the editor of the *Peninsular Journal* has made to those demands, is contained in the following paragraph from the March number of that journal:—

"As that contest, which was originally confined to the representatives of the rival schools, Professors Palmer and Davis, was sometime since terminated by the assumption of *a sort of armed neutrality on the part of the Journals*, through which they had spoken, we think the recent allusion of the *Buffalo Journal* to the subject, is a mere manœuvre on the part of the editor, by which he may retreat from the field himself, under cover of the smoke from our batteries, which had already ceased firing."

Now, we are perfectly willing that those who control the *Peninsular Journal* should end the controversies of any one of its editors, by making it "assume a sort of armed neutrality." Such a course may be convenient sometimes, to relieve its editorial corps from difficulties; but we very respectfully object to their including *our Journal* under *their* supervision. In using the plural number, in the above quotation, they have *kindly*, no doubt, informed their readers, that this Journal has also "assumed a sort of armed neutrality." We take this opportunity, however, to give our Michigan neighbors due notice, that the *North-Western Medical and Surgical Journal* is under neither dictation nor ownership aside from its editors —that it has assumed no sort of "armed neutrality" on any subject; and, further, that its editors belong neither to the *neutral* nor *neuter genders.*

Paralysis.

We copy the following account of a case of this interesting and formidable disease, from a letter, recently written to us by A. W. Dewey, M.D., of Strawtown, Ind. It will be read with interest and profit.

We have recently treated several cases of paralysis, arising from different causes, or rather dependent on different pathological conditions, and will furnish the readers of the *Journal* with an account of them as soon as time will permit.

"During last summer, I had partly prepared a communication, describing a case of paraplegia, which was at that time on hand, and privately soliciting your advice thereon. It was one for which I felt much solicitude, the patient being the wife of an esteemed friend—a very amiable young lady of 24 years, the mother of one child, five months old at the period of her attack, July 2d, 1855. On the morning referred to, when attempting to rise, she experienced, as she expressed it, a 'sensation of numbness in her limbs,' (inf. extremities only.) Her husband having gone to the store, some twenty rods off, she managed to get her feet off the bed and to dress herself. Supposing that a little exercise would rid her of the numbness, she succeeded, by the aid of her hands, in getting from the bed, when, to her dismay, she found her limbs of no more use to support her, and capable of but little more feeling than the skirts of her garments—in short, she found herself upon the floor, and obliged to remain there till her husband's return. I was then called in—found her resting as comfortable as if in the best of health; no irregularity of functions manifest, and all the secretions apparently normal. The lower extremities, however, were in a state of almost complete paralysis, and as clearly beyond the influence of the will as if severed from the body. Slight tingling or pricking sensations were felt on pressure. The temperature was natural as the body. No premonition had been noticed, except a feeling of weakness in the back the day previously.

"After trying the remedies usually resorted to in cases of this kind, *i. e.*, irritation along the spinal column, cold bathing, blistering, and cupping, and finding the conditions the same, I explored the contents of my journals and standard works (so called) within my reach, without discovering anything that promised much encouragement—unless it was to come from the unexplored and illimitable estuaries of electrical power. Thither I directed my inquiries: a galvanometer was procured, and the current applied and caused to pass in all possible directions, but chiefly along the spine, from the neck to the sacrum, and down the extremities, graduating the power to the full extent, borne without severe suffering. The *cause*, I believed to lie entirely within the spinal canal; but, of its precise nature, I could only guess—whether mechanical pressure, by collected fluid, or œdema of the membranes, or osseous enlargements, or absolute innervation by the loss of dynamic power, I had no means of certainly telling. The galvanism was applied twice daily, for a few days, and then but once. In conjunction, I gave the following: Strychnine, 1-16 gr.; sulph., 3 grs.; camph., 1 gr.; every four hours—and applied the cups once every other day. The strychnine was gradually increased, until ⅛ gr. was given, when its effects began to be manifest. It was then discontinued a few days, and again used. By the third day of this course, there was promise of improvement—a partial return of sensibility, and power of slightly flexing the right foot.

The course was closely adhered to, and the improvement was gradually extended to a favorable conclusion. The right extremity was first to show signs of returning vitality. By the end of the third week, she could stand by the aid of a staff or chair; by the end of the fifth, could stand alone; and by the seventh, able to resume in part the duties of the household. As the case began to improve, and other duties (by the increase of the business at that season) claimed my time and attention, I deferred finishing the original letter, and finally abandoned the intention of forwarding it. A review of my diary has again brought the subject to mind, and elicited this report, which I hope may be the cause of eliciting some remarks from your clearly practical pen. Heretofore, in such cases, recovery has been regarded as doubtful, and their management difficult. Nothing is laid down, that I have yet seen, sufficiently clear in diagnosis or definite in treatment, as the basis of a practice with even a probable certainty of success. Can you not give us something upon the subject, reliable and philosophical, as much so as your pathology of fever, when the duties of your station permit?"

Delaware County Medical Society.

The following named regular physicians of Delaware county, Iowa, met this day for the purpose of forming a County Medical Association, to-wit: John Acres, Albert E. Smith, Albert Boomer, Josh. F. Stout, Joshua Doran, E. C. Taylor, and James Wright.

On motion of Dr. A. E. Smith, Dr. John Acres was elected President, *pro tem.*, and Dr. A. Boomer, Secretary.

On motion of Dr. J. F. Stout, the following Constitution and By-Laws were adopted for the government of the Association:

CONSTITUTION.

ART. I. This Society shall be called the *Delaware County Medical Society.*

ART. II. All persons residing within the State of Iowa, on producing satisfactory evidence of being graduates of any regularly constituted medical college, or licentiates of any properly organized regular medical society, or passing a satisfactory examination before the Board of Censors of this Society, shall be entitled to membership on signing the Constitution and paying into the treasury one dollar.

ART. III. The object of this Society shall be, the mutual improvement of its members in the various branches of medical, surgical, and pharmaceutical knowledge.

ART. IV. The officers of this Society shall be, a President, two Vice-Presidents, Corresponding and Recording Secretaries, Treasurer, and three Censors, whose duties shall be defined in the By-Laws, and who shall be elected annually on the first Monday of June, and hold their offices until their successors are elected.

ART. V. This Society shall keep a common seal, and give to each of its members a sealed diploma of membership, signed by the President and Secretary.

ART. VI. Each member shall make an annual contribution to the fund of the Society, of not less than one dollar.

ART. VII. The Constitution may be amended at any annual meeting, by a vote of two-thirds of its members present, in favor of such amendment: *Provided*, that notice of such proposed alteration shall be given at the annual meeting preceding such alteration. The By-Laws may be amended by a majority vote at any annual meeting.

ART. VIII. The annual meeting of the Society, shall be on the first Monday of June of each year, at such place as the Society may direct; and such other meetings may be called as may be thought necessary.

ART. IX. At each annual meeting of the Society, at least two essays upon scientific subjects shall be read by such persons as may have been appointed by the President for that purpose, copies of which shall be at the disposal of the Society.

ART. X. It shall be the duty of each member to keep a record of all interesting cases that may come under his observation, and report the same at the first meeting of the Society.

ART. XI. Members may be expelled at any annual meeting, for immoral, ungentlemanly, or unprofessional conduct, provided two-thirds of the members present, vote in favor of such expulsion.

The following officers were elected for the ensuing year:—

A. E. SMITH, *President*.
ACRES & DORAN, *Vice-Presidents*.
A. BOOMER, *Secretary*.
E. C. TAYLOR, *Treasurer*.
A. E. Smith, J. Doran, and J. F. Stout, *Censors*.

Resolved, That the *Delhi Republican* and the *North-Western Medical and Surgical Journal* be furnished with copies of the proceedings of this meeting for publication.

A. E. SMITH, *President*.
A. BOOMER, *Secretary*.

Bronzed Skin and Disease of the Supra-renal Capsules.

In our number for September, 1855, we recorded a case of *change of color of the skin from white to that of the mulatto*, without any well-defined cause to which it could be attributed, or any discovered post mortem lesion with which it could be associated. We were not aware until quite recently that there was any supposed connection between this condition of the skin and a special morbid state of any organ; and have been interested in the record of cases in some late numbers of the *London Medical Times and Gazette*, *London Lancet*, and *Association Medical Journal*, intended to illustrate "the connection between bronzed skin and disease of the *supra-renal* capsules," to which attention has been directed by Dr. Addison, the Senior Physician of Guy's Hospital, in a monograph on the "Diseases of the Supra-renal Capsules," recently published. According to the views of Dr. A., which are the result of clinical experience and are supported by eleven carefully narrated cases, among other symptoms indicative of disease of these organs, is "peculiar browning or bronzing of the skin," which may depend upon any disease which affects their disorganization, as cancer, tubercle, abcess. He says, that patients, suffering from this symptom, "fall gradually, and without any obvious cause, into a peculiar form of debility, which results almost invariably in death within a limited period."

The number of cases yet observed, is, of course, too small to establish a decided connection between these symptoms and disease of these organs, but they are sufficient to awaken interest in the subject, and lead to investigation and settlement of the question whether a new form of disease is to be added to the nosological list. The editor of the *Medical Times and*

Gazette has commenced a series of cases bearing upon this point, and appeals to the profession for the contribution of facts on the subject.

According to Dr. Addison, there are no marked symptoms of this disease, except progressive loss of strength, and the peculiar change in the color of the skin; but it is a characteristic of the debility attending it, that it is rarely attended by much emaciation; and that, though there is much flabbiness of tissue, the subject of it "retains throughout a general bulkiness of frame which contrasts strongly with his extreme feebleness." Usually, no other important visceral complication supervenes.

So little importance has been heretofore attached to the supra-renal capsules, that the examination of them has been almost universally neglected, until recently. Since Dr. Addison commenced his researches, attention has been paid to this point; and during the past two years, in five hundred inspections, which have been made at Guy's Hospital, under the observation of Drs. Wilks and Habershon, "only two cases have been met with where disease of these organs was found without having been previously diagnosed;" and in one of these, in which the patient died of cancer, the report mentions that the "patient's face presented a dingy hue."

Anatomists differ as to the appearance and structure of these bodies in the healthy state, and we are entirely ignorant of their physiological functions; and until these points have been settled by a long series of careful observations, no conclusion can of course be drawn as to what changes should be considered as morbid. Dr. Wilks, in a communication on the subject, in the December number of the *Medical Times and Gazette*, has given a wood-cut showing a section of the organ in a state of health, a magnified horizontal section of the cortical structure, &c., &c. Mr. Hutchinson remarks, in speaking of the relation between disease of the supra-renal capsules and the cachexia with bronzed skin, "the very liberal supply of nerves received by the supra-renal organs, leads to the conjecture that they are functionally very closely associated with the sympathetic system." He says that "Bergmann and Kolliker agree in describing their medullary center as little more than a nervous plexus; and the latter has counted no fewer than thirty-three nerve-trunks entering a right supra-renal body." Hence, the strong suspicion that these organs may have some share in lesions of nutrition.

The same journal, in its numbers for December, 1855, and January, 1856, gives us six fatal cases of decided "bronzed skin," in three of which positive disease of the supra-renal capsules was found after death. In a fourth case, reported by Dr. Peacock, in which this peculiar hue of the skin was found associated with great debility, there was not the slightest evidence of disease either in the kidneys or the supra-renal capsules; but in this case a calcareous concretion of the size of a pea was found in the substance of the medulla oblongta, with well-marked softening of that part. In the other two cases, no autopsy was made. In the case reported by us, before referred to, no examination was made of the supra-renal capsules; but the kidneys were reported as normal in structure, though of only about half the usual size. The lesions varied in the three cases which were examined. The ages of the six patients reported in the *Medical Times and Gazette*, were respectively, 12, 14, 24, 24, 27 or 28, and 28 years. The age of our patient was 23 years. Death was sudden, and without any marked change in the symptoms preceding it, in five of these cases; and in the other, the manner of death was not known, as the patient was lost sight of; death was quite sudden in our patient. All of the patients, whose cases are reported in that journal, had walked out or walked about the day previous to death, including the one in which no alteration of the supra-renal capsules was found after death. Three were males, and three females.

In the *Association Medical Journal*, for January 19, 1856, two cases are related by Dr. W. Budd, both females, one 42 and the other 40 years of age, with the same peculiar hue of skin, and the same constitutional symptoms, both of which proved fatal, but in neither of which was any post mortem examination made.

In the number of the same journal for January 26, 1856, Mr. C. M. Thompson gives the post mortem of a case of what he calls "bronzed skin," in a female about 30 years of age, in which "the skin on the whole body was dark bronze; *the palms of the hands were white;* the conjunctivæ were perfectly clear and white." The discoloration had followed upon a fever, and had gradually increased. She had suffered from "severe dyspepsia, loss of appetite, frequent vomiting, emaciation, and also from violent spasm, resembling gall-stone;" but there was no proof of bilious obstruction. "The viscera were all found in a healthy state after death; but the gall-bladder was greatly distended, and *its duct entirely obliterated*, while the hepatic duct was pervious." This writer speaks of having, in the course of his practice, met with four cases of "black jaundice," in all of which he says "the *bronze discoloration* was very great," but there was a great difference between them and th present case; the orange eye and the obstructed bile clearly indicating the nature of the disease in them."

At the meeting of the Pathological Society of London, January 1, 1856, according to the *London Lancet*, January 12th, Mr. Hutchinson exhibited two diseased supra-renal capsules taken from a patient who had died of extreme debility, in which the patient is said to have presented, in a marked degree, the peculiar brown skin regarded by Dr. Addison as diagnostic of disease of these organs; but no particulars of the special lesion, or of the history of the case are given, and we are inclined to believe that they are two of the cases more fully reported in the *London Times and Gazette* already referred to.—*N. Y. Medical Times.*

Graduates of tke Medical Colleges, 1856.

Jefferson Medical College,	215
University of Pennsylvania,	140
University of New York,	98
University of Nashville,	85
Medical College of South Carolina,	85
Medical College of Georgia,	73
University of Louisiana,	65
St. Louis Medical College,	50
Rush Medical College,	42
College of Physicians and Surgeons,	40
Cleveland Medical College,	38
Pennsylvania Medical College,	37
New York Medical College,	35
University of Michigan,	30
University of Missouri,	28
Massachusetts Medical College,	28
Philadelphia College of Medicine,	21
Sterling Medical College,	20
Miami Medical College,	18
Medical College of Ohio,	17
Dartmouth Medical College,	15
Medical College at Yale,	13
Medical College of Savannah,	12
Oglethorp Medical College,	8
Baltimore College of Dental Surgery,	17
Ohio College of Dental Surgery,	10

—*American Medical Gazette.*

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. JUNE, 1856. NO. 6.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Glycerine. Inaugural Thesis presented to the Faculty of Rush Medical College, Feb. 1st, 1856.* By H. WARDNER.

Glycerine (*glukus*—sweet) is the base of all fats and oils that are saponafiable. It was discovered by Scheele, in 1789, in the process of lead-plaster making, and was called by him the sweet principle of oils. Twenty years afterwards, Chevreul found it to be the base of fats and fat oils. It consists of one equivalent of the hypothetical radical glycerule ($C^6 H^7$,) five equivalents of oxygen (O^5,) and one of water (H^O,) and in chemical language, is termed the hydrated oxide of glycerule.

It is obtained in an impure state during soap making, which fact has given it the popular name of "soapmaker's waste." From this source, hundreds of tons are annually thrown away.

A second source, is in the manufacture of the common lead-plaster, *i. e.*, by heating together a suitable oil, protoxide of lead, and water. An insoluble soap of lead is formed, while the glycerine remains in solution with the water.

The solution is then treated with sulphuretted hydrogen, to free it from any of the lead which might be remaining; then digested with animal charcoal, to purify it from the gaseous impurities which might be present. If the oil used is vegetable, it frees the solution from any of the coloring and odoriferous principles; and if it be animal, it frees it from any tainted animal odor. The solution is then filtered, and lastly evaporated *in vacuo*, at the temperature of the atmosphere. This is the source from which it has mostly been obtained.

A third source, is in the stearine candle manufacture, where the glycerine is separated by the lime saponafication. Mr. G. F. Wilson states, that many of the purifiers of glycerine seem to have preferred this source.

A fourth process for obtaining it, is given by Mr. G. F. Wilson, in an article on "Glycerine and its Uses," presented before the British Association, at Glasgow, in September, 1855, which is as follows: "Steam, at a temperature of 550° to 600° Fahr., is introduced into a distillatory apparatus, containing a quantity of palm oil. The fatty acids take up their equivalents of water, and the glycerine takes up its equivalent; they then distil together. In the receiver, the condensed glycerine, from its greater specific gravity, sinks below the fat acids. Sufficient steam must be supplied, and the temperature regulated, otherwise the elements of glycerine do not take up their equivalents of water, and acroleine is evolved—a body of a very different character. In an ordinary apparatus, the glycerine distilled from neutral fat is not in a sufficiently concentrated state for most purposes; it should, therefore, be concentrated, and if discolered, re-distilled. Thus obtained, it is of sp. gr. 1.240, and contains 94 per cent. of anhydrous glycerine."

This process appears to me, to be much better than any of the preceding, on account of the purity in which the glycerine can be obtained. Distillation might be used to purify the impure product of the old sources.

Glycerine, is a colorless or slightly yellow, transparent liquid, of the consistence of syrup. It is "unctuous to the feel," and has a decidedly sweet taste, with a slightly acrid aftertaste. It is not evaporated by exposure to air, but may be decomposed by a high temperature, when it yields the volatile compound called acroleine ($C^6H^4O^2$,) which is said to attack the eyes and nose in a very painful and even intolerable degree. It may be observed that acroleine, with three parts of water (8H0,) gives the formula for glycerine, which might be called a hydrate of acroleine.

It does not become rancid, nor does it pass spontaneously into a state of fermentation.

It mixes in all proportions with aqueous and alcoholic fluids; also, with vinegar: and, in certain proportions, it mixes with adeps, and fatty matters, and volatile oils.

According to M. A. P. Cap, "it dissolves vegetable acids; all the deliquescent salts; the sulphates of potassa, of soda, and of copper; the nitrates of potassa and of silver; the alkaline chlorides, potassium, sodium, barytes, strontium, bromine, iodine, and even the oxide of lead. Also, it dissolves iodine; iodide of sulphur, potassium, and mercury. It dissolves or suspends the vegetable alkaloids in the same manner as water does; while the products, resulting from its action, may be employed the same as if oil had been the recipient. The salts of morphia dissolve in it completely, even cold, in all proportions. Sulphate of quinine, in the proportion of one-tenth, when it is hot, dissolves in it; but, when cold, separates into clots, which, when triturated with the supernatant liquid, give it the consistence of a cerate, very useful for frictions and embrocations. It is the same with the salts of brucine, strychnine, veratrine, and most preparations of the same order, which enables us to consider that we have now, if not medicinal oils with a vegetable alkaloid base—at least, a series of new preparations which will fulfil a perfectly analagous use in therapeutics."

Dr. Crawcour, of New Orleans, has found it to be an excellent solvent for phosphorus, in the proportion of two grains to the ounce of boiling glycerine; and to be far better of administration than the oil solution, as it is free from nauseous taste, and readily miscible with water.

It might be used for syrup or sugar in many pharmaceutical preparations.

Mr. Wilson speaks highly of it as an agent for the preservation of colors, and has placed specimens of it in the hands of artists for further trial. The same gentleman found it useful as an antiseptic, both for animal flesh and fish; and also proposes it as a preservative of fruit. Its antiseptic effects are evident, from what has been before said of its constitution and properties.

As an external remedy, it is valuable on account of its non-evaporating and unctuous properties, in addition to which it is slightly hygrometric (taking up a small portion of water and retaining it;) thus, both lubricating the surface, and protecting it from the air. According to M. Cap, it penetrates the pores of the skin, and keeps upon its surface, on account of its hygrometric virtues, a sort of permanent moisture. It cicatrizes fissures of the breast, cracks and fissures of the skin, preserving its suppleness and calming the erythism. The same gentleman further states, that Dr. Dallez has pronounced it the most efficacious of all cosmetic agents.

M. Trousseau has used it with benefit in superficial cutaneous diseases; in prurigo; and affections of the ear resulting from irritation of the skin, propagated from the external to the internal auditory apparatus.

M. Velpeau speaks of its use in all cutaneous affections, which would become irritated by fatty or stimulating compounds; and, more especially, in pruriginous affections of the parts of generation, of the anus, or their annexæ.

M. Bazin frequently employs it in eczema, zona, acne, icthyosis, and all cutaneous affections which do not depend on some morbid visceral changes.

Dr. H. A. Johnson, of Chicago, has used it with marked benefit, at the Mercy Hospital, in a case of lepro-psoriasis.

I have used it in treating surfaces, excoriated by frost-bite, with superior benefit. It hastens cicatrization, and forms a sort of artificial cuticle on parts where suppuration has not actually begun.

I have prescribed it in one case of chapped hands, for a man, who declares "there is nothing like it;" have used it, also, in chronic eczema and burns, with very satisfactory effects. It may safely be pronounced one of the best of external remedies.

Being hydro-carbonaceous in its constitution, and somewhat analagous to cod-liver oil, it would seem to be well adapted to consumptive and scrofulous diseases: a supposition which facts, so far as its use has yet gone, strongly corroborate. Whether its effects, in these cases, are owing to its being used by the system as respiratory food, and so preventing the oxygenation of the tissues; or, rather, to its favoring a healthy digestion, and assisting in the assimilation of nutritious ingesta; has not been determined. However, the latter hypothesis seems to be the more tenable from the nature of the case; besides, observation goes far to sustain it. Dr. Crawcour, (the only person known to have used it internally, before its introduction into the hospital,) who has witnessed its effects in these diseases, asserts that "it, in a short period, relieves the cough, improves the digestive powers, and appears to increase the fat-producing principle in phthisical patients." Its *modus operandi* has not yet been determined; but, from what we already know of its miscible and penetrating qualities, we infer that it readily passes into the circulation, in which, and in its course through the liver, it meets with lactic and other organic and fatty acids, which are capable of being modified, so as to combine with it as a fatty base: so that we have, present in the blood, the elements necessary for the deposition of adipose matter. According to this hypothesis, it would be especially useful in *tabes mesenterica*, and where there is impairment of the digestion, from deficient and unhealthy secretion of bile and pancreatic juice; or, where there exists lesions of the lacteal system, preventing the absorption of chyle, which is generally considered to be an emulsion of the oleaginous ingesta.

In its internal use, it has great advantage over cod-liver oil, on account of its blandness, and favoring instead of destroying the digestion, and nauseating the patient. In children, it is easy of administration, on account of its sweet and agreeable taste.

In the latter part of October, 1855, by permission of Dr. N. S. Davis, I used it at the Mercy Hospital, in the proportion of four parts to one of the syr. of the iodide of iron, in the case of a man about 40 years of age, who had been using the cod-liver oil, but was obliged to discontinue it, on account of its nauseating and irritating effects on the stomach. This man, at the time, was much emaciated, much troubled with coughing, and expectorating daily nearly a pint of thick, tenacious mucus, freely mixed with tubercular matter in a granular form. The infra-clavicular space was considerably fallen in, and all the symptoms and signs plainly evinced quite an advanced stage of the disease. He had been under treatment for several weeks, just previous, for chronic diarrhœa, which was not entirely cured.

In about a week after commencing the use of this prescription, the cough and expectoration ceased, and the patient was much improved generally. He has continued its use up to the present time, Jan. 10, 1856; has regained his natural fulness and rotundity, and is fast regaining his strength.

Dr. Davis subsequently used the same remedy in a case of incipient tuberculosis, with equally satisfactory results. Dr. De Laskie Miller recently prescribed it in a more advanced stage of the disease, with the most happy effects. In conclusion, I believe it a most valuable addition to the list of curative agents.

ARTICLE II.—*Forceps versus Embryulcia Instruments.* By J. R. Freese, M.D., Bloomington, Ill.

Most of my friends call me a *bold* operator, a bold practitioner, &c.; nevertheless, I know full well, that, however bold I may be where I can see and feel, and thus know exactly what I am doing, I am considerably timid when it comes to working with sharp instruments among delicate organs and tissues in the dark.

There is no operation to which I have ever felt a greater aversion than craniotomy, or embryotomy. Not that I have any conscientious scruples about it, but the delicacy of the occasion; the soft, delicate tissues with which the instruments must come in contact more or less; and the ugly look of the instruments to be used, have all conspired to make me wish that I may never be under the necessity of performing the operation; and thus far I have been gratified in my wish.

A few months ago, however, I thought (to use a common expression) that I "was in for it"—and the manner in which I "got out of it," will form the subject of this article. If the publishing of it enables any of my medical brethren to get out of a like difficulty in a like satisfactory manner, I shall consider myself fully repaid for the trouble of reporting the case.

Mrs. W. was, and is, a strong, healthy woman, of about 32 years of age. She was not married until 30, and in less than a year thereafter she was in the usual interesting condition, and prepared to present her husband with a pledge of her affection. Her labor pains commenced on Friday evening, and continued, with more or less force, until Sunday night at 12 o'clock, when I was sent for as consulting physician. On arriving at the house, and learning the history of the case from the attending physician, I proceeded, at once, to make a careful examination *per vaginum*, and found, somewhat to my horror, that the antero-posterior diameter of the pelvis was only from two to three inches, while the transverse diameter was only from three to four inches. (My estimates of size were made only by the fingers—not having any better means at hand—yet I think them correct, or about so.) At once the horrors of craniotomy, with its punctures, and breakings, and crushings, and mutilations, arose to my mind; but, not having any embryulcia instruments with me, yet having brought along a pair of Hodge's forceps, and feeling that whatever was done would have to be done quickly, I concluded to try the efficacy of a milder kind of crushing, before going into the wholesale business of craniotomy. As the woman's pulse was fast sinking—indeed, her pulse was scarcely perceptible—I at once fixed upon the following plan, and resolved to put it into execution without delay:—

The pelvic strait, I concluded, was large enough to admit the entrance and exit of the *closed* forcep blades, and if I could get them fairly on the head of the child (it being a vertex presentation,) I would use force enough to *crush the head within the size* of the forcep blades, and thus deliver the woman. Having told the attending physician of my plan, and informed the friends that the operation was a critical one for the mother, and certainly fatal to the child, I proceeded to place the woman *in situ*, and apply the blades of the forceps *secundum artem.* Having got the blades fairly applied, and assured myself that there was no portion of the genital organs within their grasp, I seized and pressed the handles of the forceps with such force as to bring them directly together, and thus secured them with a cord. I was then prepared to draw upon the fœtus, which I did first very gently, with a slight rotary movement, and then with considerable force, but not an iota did it come forward. After allowing my patient to rest for a few moments, I again applied force, and a very considerable too; and this time there was a slight advance, sufficient to encourage me to make a third attempt, after allowing my patient a little time to rest. I now changed her position from the edge to the middle of the bed, and had her hips raised by placing pillows underneath. I stood myself upon the bed, and, when all was ready, I again applied a very considerable force to the forceps, giving them such motion and direction as would favor the delivery; and, as "fortune favors the brave," and "perseverance is followed by success," this time I succeeded in completely delivering the head. I immediately untied the handles and took the forceps off from the head—and such a looking head! two or three times as long as it was broad, looking more like a section of the human arm, than a fœtal head. I speedily pressed and molded it into shape as best I could, and then proceeded to deliver the balance of the body, which I had to do entirely by force, as there were no labor pains whatever. Observing that the child did not breathe, I blew into its mouth and tried to make a bellows of its chest, and pretty soon my efforts were rewarded by seeing the child commence to breathe. Having cut the cord, I passed the child to the nurse, with particular directions as to its care.

The mother did not flow more than usual; and, except very great exhaustion, consequent upon the long labor and operation, no special symptoms presented themselves to our care. In nine days she was up and about the house, attending to her usual duties.

Strange to say, and contrary to every probability, and my own definite prognosis, *the child lived*—continued to enjoy good health; and, to-day, is as healthy, and seems to enjoy as good mental faculties as any child in the city!

Now, for the lessons which we should learn from this case; which, to me have been, and to others, I think, will be, interesting and instructive.

According to most authorities, a man would be justifiable in proceeding, at once, with embryotomy, whenever he found the bones of the pelvis approach nearer each other than three inches in the antero-posterior diameter by four inches transversely; *especially*, where the patient had been in strong labor more than *two whole days*, and the examination indicated the child to be *over the usual size*, as it proved in this instance. Had I proceeded at once with craniotomy, the child, of course, would have been destroyed; and the severity and tediousness of the operation, in her then enfeebled condition, would, nine chances in ten, have produced the death of the mother; both of which unhappy consequences were avoided by the expedient I adopted.

Again, it is another instance in proof of the great amount of *pressure* and *distortion* which the fœtal head will bear without destroying life, or injuring the mental faculties; and it teaches us, that, even in the most desperate cases, we should not despair of the life, either of mother or child. I frankly confess, that when I took off the forceps and pressed the child's head into shape, it was not with any idea of the child's living, or of saving its life, but only to give it a more comely look to the ladies present, that they might not be horrified at the unseemly distortion, which the pressure of the forceps had produced: and when I produced artificial respiration, it was more as a "*professional ruse*" than from any hope of benefit—nevertheless, I did them, and the result proved the fallacy of my own definite prognosis, much, however, to my own satisfaction. Such mistakes in prognosis, don't hurt the doctor much.

Another lesson to be learned from this case, is that of *perseverance.* If I had become discouraged, and given up my plan of treatment, after completely failing in the first attempt; or, if I had given up after the second attempt, both lives would have been lost: for I think now, as I thought then, that the mother's life would have been certainly sacrificed in the operation of craniotomy, however skilfully it might have been performed. I persevered, and, in the third attempt, I succeeded, although I had failed twice previous. One line of the school-boy's song reads:—

> "If at first you don't succeed, try, try again."

And it is a lesson to be heeded by the surgeon, as well as by the school-boy.

The *force* that may be applied with safety, in extracting the fœtus, is another lesson to be learned from this case. I am a strong, muscular man—and when I say that I applied a "very considerable force," you may well guess what it means. However, before applying such great force, I remembered to observe Davy Crockett's axiom, to "be sure I was right, before going ahead." I was sure that there was sufficient room for the exit of the closed forcep blades, and that there was no portion of membrane, or other portion of the genital organs, within the grasp of the forceps; and, as I felt that life or death depended on the success of my plan, I applied more force than I would have dared to do under less urgent circumstances. The woman, in recovering, did not complain of more than ordinary soreness, and no immediate or subsequent ailment has happened to the womb or vagina on account of the force applied.

In conclusion, let me suggest, that, in all cases where there is room for the entrance and exit of the closed forcep blades, try my expedient; and if you succeed, as I did, you'll thank me for the suggestion.

I look upon such fortunate results to exceeding difficult cases, as green spots in the great desert of practice; and, if others of our professional brethren will take the trouble to report such as have occurred in their own practice, it will relieve the *tedium* of, and cheer us on, in the arduous duties of our noble profession.

ARTICLE III.—*Case of Paralysis.* By S. O. Long, of Big Rock, Illinois.

Mr. B., a worthy and industrious man, though of somewhat intemperate habits, in returning to his home, May 10th, 1854, fell from his wagon, his back, in the fall, striking the wheel; and, on his attempting to rise, found himself perfectly helpless, and unable to move, excepting his head and arms. Was carried to his house by some of the neighbors, and I was called to see him the same night.

Present Condition. Complained of considerable pain between the shoulders and through the chest. In passing my hand over the spinous process, there was some tenderness about the fifth and sixth dorsal. Pulse somewhat accelerated—tongue partly covered with whitish coat—moderate thirst. Laying my hand on the abdomen produced no sensation at all, neither in the limbs. In fact, all motion and sensation were entirely lost. Perfect paraplegia of lower part of the body and extremities—the abdomen hard and tympanitic—bladder distended, with inability to pass his water—bowels constipated. I directed fomentations to be applied to the dorsal region. Introduced a catheter, and evacuated a large quantity of urine. The bowels to be opened with castor oil, ℥ss.; turpentine, ʒi.; repeated every two hours, if necessary: then give Dover, grs. viii., every four hours; and nitrate potash, grs. v., and tart. emet., 1-10 gr., between; with morphine, ⅛ gr., every hour, till pain is controlled.

12th. Dr. C. Wheeler visited him in consultation with me. The fomentation seemed to afford him considerable comfort, and to some extent relieved the tenderness. Oil and turpentine acted on the bowels freely, though did not remove the tympanitis. Pulse less frequent—skin moist—tongue less coated and moist—unable to pass water. Dr. W. advised cupping between the shoulders, and apply warm or cold water to the part, as most agreeable to the patient; evacuating the bladder with the catheter, and light diet. I applied a cupping glass, after scarifying, and took ℥ vi.; which, as he said, "made him feel as though he could get up and walk."

13th. Continued the treatment.

14th. No change for the better—bowels torpid—moved them with stimulating enema and turpentine. Bladder distended—attempted to relieve with the catheter, introduced without any difficulty, but no urine passed. Naturally presuming that it had not entered the bladder, I partly withdrew, and again gently pressed, and could feel it pass into the neck, and still no water followed. I then exchanged for another instrument, and made another attempt, with no better success. On withdrawing and examining, I found the eye clogged with a bloody, jelly-like substance. I then enlarged the eye of the catheter, and, with a syringe, injected some warm water through the catheter into the bladder; but nothing returned. After some hours, Dr. Allaire visited him in consultation, and, with a different instrument, drew off a large quantity of stale urine.

Now, in regard to this difficulty in evacuating the urine, I could not, and have not exactly satisfied myself, though Dr. Allaire was of the opinion that it was caused by the stricture, which I did not pass. It may be so, as the result would seem to justify. The treatment agreed upon, was to apply a blister between the shoulders and one side of the spinal column, and when partly healed, to repeat to the other side; try the effects of tinct. canths., for the palsy of bladder—that failing, then strychnine, in 1-12 gr. doses, three times a day; animal food, with friction to the lower limbs; keeping the bowels open, and catheterism. This course was carried on until the 24th, without any improvement in the symptoms. At this time, he began to be afflicted with severe spasms, which were almost immediately controlled for the time by inhalations of chloroform, ʒii. to ʒiv.; which, however, would arrest the action of the heart, cause congestion of the lungs, and aphyxia, to such a degree, that I thought best to discontinue it—in fact, he refused to inhale more. I them prescribed morphine, in ⅛ to ¼ gr. doses, to repeat every hour, till the spasms were controlled, or the system brought under its influence. This treatment would nearly allay the spasm, but it required such a quantity, in the aggregate, as to produce narcosis. Belladonna was given till it acted on the system; without, however, any alleviation of the complaint. I now proposed, as the blistered surface was healed, to insert a seton near the injured part, as a means of allaying the chronic inflammation and promoting absorption. He would not consent to this course on any condition, neither mercury in any form. Continued the treatment as given above, together with anodynes, and wrote a line to Dr. Allaire upon the case; and received from him an interesting communication upon the subject, expressing his views of the case. As the course he proposed would be judicious in similar cases, I cannot do better than to insert an extract from his letter:—

"It is certain that the cause of all the symptoms, is the local injury and its effects. The effects of the injury are, probably, thickening of the fibrous tissues surrounding the spinal cord at the part, and perhaps, also, serous effusion around and softening of the cord. The indication, then, is to reduce what there is of chronic inflammation in the part, and promote the absorption of thickened tissues. I believe this can be best done by putting him under the influence of mercury, and inserting an issue or seton near the part. As a temporary palliation of the spasms, you might try ext. stramonium, giving a dose three times a day; but opium, in some form, probably, will have to be your main dependence. If possible, I should try to get along by giving only at night, and in doses large enough to produce sleep, thus imitating nature. The mercury, when I have to give it a long time, as you may in this case, I use as follows: give 1-20 of a grain of calomel every hour, until the gums are touched. Then give the same dose morning and night. If this did not keep up a gentle influence, then repeat the dose."

I stated to Mr. B., Dr. Allaire's proposed course of treating the case; and, although he had confidence in his professional abilities, declined any further treatment, and said he had concluded to supply himself with and make use of Dr. Jayne's medicines, believing they would soon "get him on his feet again." He run through the list of his medicines in a few weeks, and then omitted them entirely.

Sept. 19th. I was requested to visit him and insert a seton, which I did, though without expecting a beneficial result—he gradually failing. Soon after, dysentery supervened, which, together with local injury, produced such a condition that death in a few days relieved him of suffering.

Ninth Annual Session of the American Medical Association.

The Association met at Fireman's Hall, Detroit, Mich., May 6, at 11 o'clock, A. M., and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. D. Tilden, of Ohio, Vice-President, occupied a seat upon the platform. Dr. Wm. Brodie, of Detroit, Secretary.

Dr. Pitcher, of Michigan, in behalf of the committee of arrangements, said:—

Mr. President—In the name of the physicians of Michigan, who are here represented by delegates from their State, District and more local societies, we welcome the members of the American Medical Association to the State and City of our adoption.

As children who have wandered from the family altar, to improve their fortunes in new and distant lands, would meet with bounding hearts the patriarch of their early homes, so we, whose lot has been cast in the forests of the West, now greet with kind emotions, the delegates from the old colony States, hallowed in our memories by their revolutionary associations, honored for the elegance and durability of their seats of learning, and cherished as the home or the birth-place of many of the most brilliant and highly cultivated intellects in our national domain.

With a fraternal attachment, no less ardent, we receive the members coming from other States of the confederacy, which, like our own, have a position among the stars of the Union, but, by the accident of birth, are excluded from a place among the stripes of our national escutcheon.

And to our brethren who are here, by invitation, from the British Provinces in America, with whom, from a common ancestry, we have derived, by inheritance, our best and earliest ideas of civil liberty, much of our literature, and many of the practical precepts which regulate our art, we offer a like and cordial reception.

Although actively engaged in the battle of life, and earnestly struggling to overcome the obstacles which, in an undeveloped country, lie in the way of professional success, we have striven, like the devoted Parsee, to keep alive the fire which, in our youth, we kindled at the altars of those Magi who now come—not like the wise men of the East, under the guidance of a new risen star, by acts of devotion to celebrate the advent of a Messiah—but to receive from us, on this ground, from which the footprints of the savage have scarcely been erased by the plowshare of the white man, where the echoes of the boat-song of the lively Gascon may still be heard between the strokes of the paddlewheel and the whistlings of the locomotive, the tokens of a sincere friendship, the acknowledgment of a legitimate paternity, and the homage due from filial and grateful hearts.

The student of our political history is well aware that, under the pressure of exterior force, we have been compelled, on five different occasions, to change our national colors, but never to abjure the faith of our political sires; so now, we intend steadfastly to stand by the true in medicine, under all the forms of temptation, as we will, under all the phases of political fanaticism, defend the ark of the covenant of our political fathers.

We pray that the meetings of the Association, though purely scientific in its aim, may be so conducted as to become instrumental in promoting these great ends.

Again, gentlemen, we bid you, from whatever land, State, or section of the country you may have come, in the name of common brotherhood in science, a warm and cordial welcome.

The roll was then called by Dr. Wistar, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each State represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, respectively, of a delegate to serve on the nominating committee, which was constituted as follows:—

Maine—N. P. Monroe.
New Hampshire—H. Pierce.
Vermont—C. L. Allen.
Massachusetts—H. H. Childs.
Rhode Island—J. E. Warren.
Connecticut—David Harrison.
New York—William Rockwell.
New Jersey—L. A. Smith.
Pennsylvania—John Neill.
Delaware—J. W. Thomson.
Maryland—P. Wroth.
South Carolina—E. Geddings.
Tennessee—J. B. Lindsley.
Kentucky—W. S. Sutton.
Minnesota—C. W. LeBoutillier.
Michigan—M. Gunn.
Ohio—Thomas W. Gordon.
Indiana—Dr. Winton.
Illinois—H. Noble.
Wisconsin—W. H. Brisbane.

After the nominating committee had retired, Dr. Pitcher, of Michigan, from the committee of arrangements, submitted the following report:—

In conformity to the domestic and social usages of the place of meeting, the committee have to suggest, that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein:—

Tuesday—Morning session begins at 9 A.M., and ends at half-past 12 M. Afternoon session begins at 2 P.M., and ends at 5 P.M.

Wednesday—Morning session begins at 9 A.M., and ends at half-past 12 M. Afternoon, no session.

Thursday—Morning session begins at 9 A.M., and ends at half-past 12 M. Afternoon session begins at 2, and ends at 5 P.M.

Friday—Morning session begins at 9 o'clock A.M.

This arrangement of the hours of meeting and adjournment, conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis, of Illinois, and which were, on his motion, referred to this committee for their consideration, by a vote of the Association. Regard for the mover of the resolutions, and the authority of the body by which they were submitted to us, requires from the committee a respectful reply. Your committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties a habit of recording the results of their observations. They think that the effects of such a change, as is contemplated in the resolutions of Professor Davis, and the more amplified expression of his idea, contained in the address of the then President, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily forseen. To a few who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings, conducted upon the plan proposed in the resolutions, would be greatly increased; but, as the great body of the Association would (voluntarily it is true) be excluded from participation in these exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has been already developed through the instrumentality of the Association. We presume, that the objects for which this organization was effected, have not been lost sight of by the majority of its members. Neither can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or of diverting it from its original design.

Your committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association, it appears that this conviction, on the part of the profession in the United States, connected with the design of reforming, in certain particulars, the medical schools of our country, led to its organization in 1847; and, until its mission in both respects has been accomplished, the committee would reluctantly recommend the adoption of any measure tending in their judgment to divert it from the design of its creation. Thus far, the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe and willing to submit their observations to the public, because they can be incorporated into the body of the transactions without being subjected to a sifting criticism. It is true, that, in this way, articles have been printed that did not always enure to the credit of the Association; but, at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The committee, however, whilst they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief, that, in order to secure the objects of our organization, it is as necessary to increase the breadth and depth of its base as to elevate the shaft designed to spring from it; for, without such preparation, the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the committee respectfully ask to be excused from submitting a distinct proposition on the subject.

By order of the Committee of Arrangements,
Z. PITCHER, Chairman.

The report was accepted.

The President announced the death of the eminent Dr. John C. Warren, of Boston, Mass., in that city, on Sunday morning.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the Battle of Bunker Hill. He was at the head of his profession in Massachusetts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was high, and his personal reputation spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of the profession would be useful and eminent, they should follow the example of Dr. John C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an examplar. Such a life as his inevitably terminates in a death beatified by a surety of eternal happiness.

Dr. Gross, of Kentucky, made some remarks, eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. G. concluded by offering the following:—

Resolved, That a committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed, as such committee, Dr. Gross, of Kentucky, Dr. Childs, of Massachusetts, Dr. Wood, of New York, Dr. Pitcher, of Michigan, and Dr. Geddings, of South Carolina.

On motion, the Association adjourned to 2 P.M.

AFTERNOON SESSION.

The President called the Association to order at 2 o'clock.

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice-Presidents, excusing his absence.

He also read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the association to hold its next annual session at Nashville, Tennessee. Also, one tendering the use of the Hall of Representatives, of that State, for the purpose of said session.

On motion of Dr. Brodie, of Michigan, referred to committee on nominations.

The committee on nominations submitted the following report:—

The committee of nominations unanimously nominate the following officers of the American Medical Association for the ensuing year:—

President—Dr. Zina Pitcher, of Detroit.

Vice-Presidents—Drs. Thomas W. Blatchford, of New York; Wm. K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

Secretaries—Drs. Wm. Brodie, of Michigan; R. C. Foster, of Tennessee.

Treasurer—Dr. Casper Wistar, of Pennsylvania.

The report was accepted, and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to deliver his annual address.

At the conclusion of the address, on motion of Dr. Atlee, of Pennsylvania,

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the committee of publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pennsylvania,

Resolved, That a committee of three be appointed to inform the President and Vice-Presidents elect, of their election, and conduct them to their seats.

The President appointed, as such committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher said:—

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law, of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honored by your partiality, than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I now hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals which compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent co-operation of the individual members for assistance, in performing the duties of the chair.

Whilst thanking you most cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

On motion of Dr. Gunn, of Michigan,

Resolved, That the resolution passed at St. Louis, requiring a majority of the committee on publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of New York, offered the following:—

Whereas, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order, at the same time, secured, by the observance of two things, to wit: first, that the audience be put in possession of the name and residence of the speaker; and, secondly, that they be enabled distinctly to hear what he has to say; therefore,

Resolved, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Kentucky, his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday, at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following:—

"The Committee on Prize Essays and Volunteer Communications," report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding committees have been: in 1852, 16; in 1853, 15; in 1854, 9; in 1855, 6; and in 1856, 4. Your committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays, received by your committee, have been subjected to a careful examination; and, while admitting that they all possess a degree of merit which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

But one prize is, therefore, awarded. The essay selected for this honor, bears the title: "An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to; and, while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fulness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has, at least, one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

The essay bears the motto: "*Una est Veritas.*"

Signed, A. B. PALMER, Chairman,
SAMUEL DENTON,
SILAS H. DOUGLASS,
ABRAHAM SAGER,
E. ANDREWS.

On breaking the seal of the accompanying packet, Dr. Henry Hartshorne, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of N. Y., from the Committee on "Hydrophobia and the Connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted:

Resolved, that the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Kentucky, moved to strike out "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville at present difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment, and the report was adopted.

Dr. Wistar, of Pa., from the Committee on Publication, made the annual report. It states, that the first copies of the transactions of the last session of the Association, were issued on the 10th of November, 1855; that 1,100 copies were printed; that the aggregate expense of printing, illustrating and binding, was, $1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker, of Ct., Alden March, of Albany, J. L. Atlee, of Pa., W. Brodie, of Mich., C. B. Gibson, of Richmond, E. L. Beadle, of N. Y., H. W. Desaussure, of S. C., C. A. Pope, of Mo., D. H. Storer, of Mass., T. G. Richardson, of Ky., J. Moran, of R. I., T. Miller, of D. C., F. E. B. Hintze, of Md., L. P. Bush, of Del., Z. Pitcher, of Mich., and J. B. Lindsley, of Tenn., have rendered essential service to the Association—some, in procuring subscription to the volume, and all by co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circulating the transactions; that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the transactions two valuable reports on epidemic diseases, by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans—but as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session should be strictly enforced:

Resolved, that, hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June 1st.

The report further states, that the number of volumes of transactions now remaining on hand, is as follows: of Vol. I., 41; of Vol. II., 9; of Vol. III., 32; of IV., 7; of Vol. V., 316; of Vol. VI., 66; of Vol. VII., 120; of Vol. VIII., 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes, which is necessary to the complete sets now remaining, shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Atlee, of Penn., made some remarks upon the report, in the course of which he stated, that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded, by moving that the Committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committees to the Committee on Nominations. Carried.

The same gentleman made a request, in behalf of Dr. Hamilton, that the committee of which Dr. H. is Chairman may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the committee on Medical Literature was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, at 10 A.M.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Pomeroy, of N. Y., moved to re-consider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorne on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wistar, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854, (making a yearly subscription to the transactions obligatory,) and the consequent restoration to membership of all those dropped from the published list of that year; advertising, also, the practicability of procuring back numbers of the transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The account of the Treasurer with the Association is as follows:—

DR.

To cash paid Dr. John L. Atlee, of Committee on Washington Monument Stone,	$498,70
To cash paid C. B. Norton, for porterage and packing Vol. VII., in New York,	8,00
To cash paid J. D. Trask, for Prize Essay,	100,00
To cash paid for postage of Secretary,	2,50
To cash paid D. C. Baxter, for engravings of Vol. VIII,	72,75
To cash paid for postage of chairman of publication committee,	4,09
To cash paid Thos. Sinclair & Co., for lithographs for Vol. VIII,	101,20
To cash paid T. R. & P. G. Collins for printing and binding 1,100 copies of Vol. VIII,	1,748,75
To cash paid T. R. & P. G. Collins for binding 25 copies Vol. VI, and printing notices,	4,52
To cash paid H. Barnes for distribution of Vol. VIII, and services as clerk,	50,00
To cash paid T. R. & P. G. Collins for printing notices,	1,25
To cash paid Blanchard & Lea for freight, porterage, boxes, &c., for Vol. VIII,	34,99
To cash paid for postage, envelopes, and stationery of Treasurer,	6,99
To balance,	950,52
	$3,584,26

CR.

By cash received from Dr. Isaac Wood, being the balance in the Treasury, April 30th, 1855,	$1,015,26
By cash received from Dr. Isaac Wood, being the balance in the Treasury of prize essay fund, April 30th, 1855,	100,00
By cash received from assessment and the sale of transactions,	2,150,50
By cash received from Dr. E. L. Beadle, for the sale of transactions,	12,00
By cash received from Dr. Wm. Brodie for do	12,00
By cash received from Dr. A. March for do	24,00
By cash received from Messrs. Blanchard & Lea for do	102,50
By cash received from Dr. Chas. Hooker for do	168,00
	$3,584,26

The correctness of this account is certified to by the proper committee.

The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude, and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and, in this view, he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read, that every member of the Association should take the stump and defend the cause.

After a few other remarks the resolution was withdrawn.

A gentleman, whose name we did not learn, stated that Dr. Wood, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case—removing a jawbone—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President this morning.

Dr. Gunn, of Michigan, reported the following names of members, by invitation: Dr. P. N. Curtis, of Teumseh, Michigan, proposed by Dr. M. A. Patterson, of Tecumseh; Dr. C. West, proposed by Dr. Z. Pitcher, of Detroit; Dr. James Bronson, of Newton Falls, Ohio, proposed by Dr. Thomas W. Gordon, delegate from the Ohio Medical Society; Dr. Benjamin Stanton, of Salem, Ohio, proposed by Dr. Geo. Mendenhall, of Cincinnati; Dr. Eames, of Ohio, proposed by Dr. Stockwell; Dr. N. K. Maniates, of Marshall, proposed by Dr. M. Gunn, of Detroit. The report was adopted.

The President read a communication from Dr. Stille, chairman of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had, as yet, been imperfectly ascertained, and asking a continuance of the committee. Granted.

Dr. Watson, of New York, moved that the committee on epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the advancement of Science, at Albany, in August next; at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned, to meet to-morrow morning at 9 o'clock.

SECOND DAY.

The Association was called to order by the President, at 9 o'clock this morning.

The minutes were read, corrected, and approved.

Dr. Wistar, of Pa., read the list of delegates who had registered their names since the last report.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named:—

Dr. A. J. Semmes, of N. Y.—"Coroner's Inquests."

Dr. J. Taylor Bradford, of Ky.—"Treatment of Cholera."

Dr. D. M. Reese, of N. Y.—"Infant Mortality."

Dr. E. R. Peaslee, of Me.—"Inflammation, &c."

Dr. J. W. Corson, of N. Y.—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.—"The Treatment best adapted to each variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c."

Dr. Beech, of Mich.—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, N. Y.—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution, adopted at the last meeting of the New York State Medical Society:—

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society:

SIR—At the annual meeting of this society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:—

Resolved, That the resolution offered by Dr. Grant, (a member of this society, but not at this or that time a practitioner, but a lawyer,) at the last session of this society, viz: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent-right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the society.

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this society; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto; Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the report of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

The following gentlemen were admitted as members, by invitation, of the Association: Drs. Edward Cox and S. B. French, of Battle Creek, Mich., introduced by Dr. Gunn; Dr O'Donohue, of Battle Creek, introduced by Dr. Coates; Dr. G. W. Carhartt, of Wayne, N. Y., introduced by Dr. Cone; Dr. S. A. Scott, of Woodstock, C. W., introduced by Dr. Stewart; Drs. E. R. Thornton, of Belleville, Mich., Holly, of Shiawassee, Mich., Foster, of Unadilla, Mich., and W. H. Stephens, of Mich., introduced by Dr. Denton; Dr. Thos. M. Franklin, of Lafayette, Ind., introduced by Dr. Rockwell.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation:—

Dr. E. M. Hodder, F.R.S.E., Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M.R.C.S.E., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M.R.C.S.E., Professor of Anatomy, Trinity College, Toronto, C.W.

Dr. Worthy Haswell, M.R.C.S.E.

Dr. A. K. Dawson, College Physicians and Surgeons, New York, Licentiate of Province of the Canadas.

Dr. Geo. Coatsworth, Medical Department University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand, Woodstock, C.W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific re-union of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American Colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution, that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tenn.,

Resolved, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late lamented Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such committee, Drs. Lindsley, of Tenn., Thomson, of Del., and Mendenhall, of Ohio.

Dr. Gross, of Ky., from committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston:—

Whereas, it has pleased Almighty God to remove from the scene of his earthly labors, our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University;

And, Whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages: therefore,

Resolved, That this Association has learned with profound regret the news of an event, which has deprived the American Medical profession of one of its oldest, most useful, and most illustrious members—American surgery of one of its greatest ornaments—science of one of its best friends—and humanity one of its noblest benefactors.

Resolved, That the life of Dr. J. C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this Association deeply sympathizes with the family of Dr. Warren, in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "The Causes which Impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions:—

Resolved, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independant course of the medical periodical press towards foreign productions, and a more liberal one towards American; and, 4th, A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independant national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 8. Dr. Gross, accepted the amendment. Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution (line 3). If it meant that an inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr Gross, explained. One of the works alluded to by Dr. P. must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable" as text books.

Dr. Yandel, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor to much of Know-nothingism to make them palatable. [Sensation.]

Dr Leide, of Pa., was in favor of leaving to teachers of medicine the selections of their own text books.

Dr. Davis, understood there was another report touching upon the same subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Con., Chairman of the Committee to procure Memoirs of the Eminent and Worthy Dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the Committee on Publication.

The Association then adjourned till to-morrow morning, at 9 o'clock.

THIRD DAY.

MORNING SESSION.

The Association was called to order, by the President, at 9 o'clock.

The minutes were read, corrected, and approved.

A communication from Dr. Wroth, of Md., relative to a report upon the Medical Topography of the Eastern shore of Maryland, and one from Dr. Thomson, of Ky., relative to a report on "Chloroform," were referred to the Committee on Nominations.

The Secretary read a letter from E. S. Lesmoines, of St. Louis, enclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq., the Secretary of the Michigan State Agricultural Society, presenting to the Association twenty-five copies of the Transactions of the Society for 1853, and also the same number of the Transactions of 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. Magugin, of Iowa, was appointed a member from that State of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized, annually, to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Gluck, of New York, offered the following:—

Whereas, During the present year, a medical congress is to be held in Europe, therefore,

Resolved, That the American Medical Association send to that congrees four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:—

Resolved, That a committee of one be appointed, for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of Dr. Mendenhall, of Ohio.

Resolved, That the Secretary be instructed to strike the name of C. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

Resolved, That the name of James R. McClintock be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York,

Resolved, That this Association has learned with deep regret of the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N.Y., whose whole life has been devoted to the attainment and promotion of medicine and general science;

and that we do hereby express our high appreciation of the excellencies of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

Resolved, That the above resolution be referred to the Committee to Procure Memorials of the Eminent and Worthy Dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the transactions of the Association.

Dr. Bloodgood, of Ill., offered the following:—

Resolved, That the Constitution of this Association be so amended, as that, hereafter, the President shall be elected by ballot, and shall not be resident of the State in which he is elected.

On motion of Dr. Watson, of N.Y., laid on the table.

Dr. Gunn, of Mich., reported the following members present by invitation: Dr. Ashley, of Ypsilanti, Mich., introduced by Dr. Brodie; Dr. H. F. Ewers, of Union, Mich., introduced by Dr. B. White, of Saginaw; Dr. Alex. Ewing, of Dexter, Mich., introduced by Dr. Denton; Dr. Reynall, of Dansville, N.Y., introduced by Dr. N. W. Ely; Dr. J. F. McCarthy, of Ind., introduced by Dr. Davis; Dr. M. H. Andrews, of Jonesville, Mich., introduced by Dr. Cone; Dr. J. R. Coates, of Kalamazoo, Mich., introduced by Dr. S. Barrett; Dr. W. H. Stebbins, of Saline, Mich., introduced by Dr. Denton; Dr. D. L. Briggs, of St. Joseph county, Mich., introduced by Dr. Robinson.

Dr. Wistar, of Pa., offered the following which was adopted:

Resolved, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and, that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada, should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs. Tarquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Herrick, of Toronto; Drs. O'Reilly, Craggie, Duggan, of Hamilton; Dr. Sampson, of Kingston.

Dr. Phelps, of New York, offered the following:—

Whereas, It has pleased an all-wise but inscrutible Providence, to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence, equal to, or surpassing, any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and associate, Dr. Gooch, of Richmond, had been swept away, therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity, demands at the hands of this National Association a passing expression of their high admiration of this, another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our transactions. Adopted.

On motion of Dr. Palmer, of Ill., Rt. Rev. Samuel A. McCoskry, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the constitution:—

Amend article 3 so that it shall read: "Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c. of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following:—

Resolved, That in May, 1858, and every third year thereafter, this Association meet at Washington City, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table under the rule.

On motion of Dr. Sheets,

Resolved, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost, of S. C., objected to the introduction of resolutions. He thought it irregular.—Reports were the order.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the "Causes which Retard American Medical Literature." Carried.

The resolutions were taken up. The question being upon their adoption.

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Ill., was opposed to adopting any report. There were now before the Association two reports, [the one by Dr. Gross, of Ky., and one by Dr. Breckenridge, of Ky.,] presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Ky., said the point at issue is—whether the Association will favor the sectionalism or the universality of medicine. If Dr. Gross' report and resolutions are adopted we decided in favor of the former.

Dr. Cobb, of N. Y., foresaw the difficulty that would arise in adopting Dr. Gross' report the day previous.

Dr. Watson, of N. Y., moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee on Publication.

Dr. Palmer, of Ill., from special committee to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:—

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of special committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and analyses, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to Committee on Publication.

Dr. Chas. Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through Secretary Brodie, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, &c." Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on "the Sanitary Police of Cities," presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief, verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases, arising from impure air and insufficient ventilation, classed under the term "zimotic," the report stated, that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small-pox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted and referred to Committee on Publication.

The President here requested such delegates as would prefer to take passage, on their return, on the Michigan Central Railroad Company's steamer Western World for Buffalo, which leaves to-day, at 12 M., to signify their wishes.

Adjourned to 2 P.M.

AFTERNOON SESSION.

The Association met at 2 o'clock.

Dr. Frost, of Charleston, S.C., offered the following resolution, which was adopted:—

Resolved, That the thanks of this Association are due to the retiring officers, for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the transactions appears.

Dr. A. J. Fuller, of Me., chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted and referred to the Committee on Publication.

Dr. Green, of N.Y., chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases—tuberculosis, bronchitis, &c. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, Chairman of the Committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents, by the United States government, to "quack medicines"—stating, however, that it appears, from a letter, written by the present Commissioner of Patents, that the practice of the Office has been to discourage such a use of its functions, and that, during the past 15 years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. F. said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States Government should aid the great cause of medical science by making appropriations for the publication of the transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted and referred to the Committee on Publication.

The Committee on Nominations made the following report:—

The Nominating Committee beg leave to make the following report:—

For Chairman of Special Committees for 1857;

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stephenson, of N.Y., on the treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroner's Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in Relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Penn., on the Laws Governing the Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York city, on the Diseases Incidental to Europeans from Temperate Climates in their transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

STANDING COMMITTEES.—*Committee on Publication.*—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa., Samuel L. Hollingsworth, of Pa., Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn., A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn., Paul F. Eve, of Tenn.

Committee of Arrangements—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics:—

New Hampshire—Dr. V. P. Fitch, of Amherst.

California—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births and Deaths:—

Vermont—Dr. Adrian T. Woodward, of Castleton.

Connecticut—Dr. Wm. B. Casey, of Middletown.

Virginia—Dr. R. W. Haxall, of Richmond.

California—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

STANDING COMMITTEES.—*On Medical Education*—Drs. E. Geddings, of S. C., Chairman, C. W. Le Boutiller, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

On Medical Literature—Drs. R. Hills, of Ohio, Chairman; D. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Worth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

Secretary Brodie stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon-General.

Dr. Gunn, of Michigan, said three communications had been handed to the Committee of Arrangements, by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted:

Resolved, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the Chair, residing at the place of publication of the transactions; and if, in their judgment, the papers are worthy, they be referred by them to the Committee on Publication, to go into the transactions of the Association.

The President appointed as such committee, Drs. A. Stille, S. Jackson, and J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie as follows:—

By Dr. C. J. Chandler, of Rocheport, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun Shot Wounds, &c.

By Dr. G. P. Flachenberg, on an Improved Method of Applying Compression to the Scrotum.

A member of the Committee on a Uniform System of Registration of Marriages, Births, and Deaths, stated that they were unable to make a report at present, in consequence of the death of their chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Gross, of Louisville, tendered in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1858. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:—

Resolved, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that Honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

Secretary Brodie, read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eighth volume of their transactions. Ordered on file.

Dr. Wistar, of Pa., offered the following, which was adopted:

Resolved, That a committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution for the uses of this Association.

The President appointed as such committee, Drs. Wistar, of Pa., Hale, of Washington, and J. Neill, of Pa.

Dr. Phelps, of N. Y., offered the following, which were adopted.

Resolved, That the thanks of the Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the gratuitous use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

Resolved, That the urbane deportment and elegant hospitalities of the profession and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned to to-morrow morning at 9 o'clock.

LAST DAY.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected, and approved.

Dr. Palmer, of Ill., moved that Dr. Coolidge, U. S. A., be substituted in the place of Dr. Finley, U. S. A., as a member of the Committee on Medical Topography and Epidemics. Dr. P. said he made the motion by request. Carried.

The following additional members (present by invitation) were reported: Dr. Sanders, of Monroe, Mich., introduced by Dr. Rice; Dr. R. K. Rodgers, Suspension Bridge, N. Y., introduced by Dr. Brodie; Dr. Dwight, Calhoun county, Mich., introduced by Dr. Gunn.

Dr. Atlee, of Pa., offered the following, which was adopted:—

Resolved, That all voluntary communications, hereafter presented to the Association, shall be referred to a special committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the Committee of Publication.

Dr. Lindsley, of Tenn., from the special committee appointed the day previous, reported the following preamble and resolutions:—

Whereas, The exhibition of high courage and of self-sacrificing devotion to the good of others is ever honorable to a profession by whose members it is manifested, and worthy of their remembrance and emulation; therefore,

Resolved, That in the death of P. Claiborne Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors, as Secretary of the meetings at Charleston and Richmond, merited the regard of this Association. The zeal, ability, and industry manifested by him as founder and editor of the *Stethoscope*—the first medical periodical established in the State of Virginia—showed his devotion to the cause of medical progress and activity; and the manner of his death, gave signal evidence that he was one of whom his country might well be proud.

Resolved, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch.

The resolutions were adopted, and had the usual reference.

On motion of Dr. Palmer, of Ill.,

Resolved, That the Committee on Registration have leave now to present a partial report, which is hereby referred to the Committee on Publication.

Dr. Denton of Mich., offered the following:—

Resolved, That a committee of three shall be appointed, whose duty it shall be to enlist some enterprising publisher to aid in collecting and arranging material for an American Medical Directory.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Leide, of Pa., offered the following:—

Whereas, It is the object of this Association, in the award of prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter; and as this result cannot be better attained than through original investigation and discovery—

Resolved, That, hereafter, an annual prize of——dollars be awarded for the best memoir or essay founded on original investigations of the author; and, in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award.

The resolutions, together with the suggestions of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of essays presented, were referred to a special committee, consisting of Drs. Leide, Wood, and C. D. Meigs, of Pa.

Proposed amendments to the constitution being in order, Dr. Smith moved that the proposition to amend, by providing that "any member who omits to pay for the published transactions for three successive years, shall be considered as withdrawn," be laid upon the table until the next annual meeting of the Association. Carried.

The Secretary read an invitation to the Association to attend the next annual meeting of the Massachusetts State Medical Association. Accepted.

Dr. R. K. Smith offered the following:—

Resolved, That a special committee be appointed to report to the next annual meeting of the American Medical Association, a classification of those diseases which involve a derangement of the mental manifestations.

Adopted, and Dr. Smith appointed chairman of said committee, with power to choose his associates.

On motion of Dr. Atlee,

Resolved, That the Committee on Publication be requested to transmit annually to the Epidemiological Society of London a copy of our transactions.

On motion of Dr. Gunn, of Mich.,

Resolved, That any new medical institution not heretofore represented in this body be requested to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity, and good standing.

Dr. Phelps, of N. Y., offered a preamble and resolutions relative to the relation existing between medicine and religion. Laid on the table.

Dr. McGuggin offered the following:

Resolved, That a special committee be appointed to report on the subject of "Stomatitis Materni."

Adopted, and Dr. McGuggin appointed chairman of such committee.

On motion of Dr. Bailey, of Ill., Dr. Davis, of Chicago, was requested to continue his observations on the changes produced in the composition and qualities of milk by pregnancy and menstruation; also the best substitute for the mother's milk when weaning becomes necessary; and report at the next meeting of the Association.

A report from the Committee on Railroads, &c., was read, and the same committee continued to next meeting.

On motion of Dr. Smith, of N. J., the resolutions of Dr. Palmer, offered the day previous, were taken from the table and referred to the Committee on Publication.

On motion of Dr. Atlee, of Pa., the thanks of the Association were returned to those railroads that had evinced a liberality in conveying delegates to and from the Association.

On motion of Dr. Palmer, of Ill.,

Resolved, That the thanks of the Association be presented to the press of the city of Detroit, who have taken so much interest in reporting the proceedings of this meeting.

The Association then adjourned to meet in Nashville, Tenn., in 1857.

◆

EDITORIAL.

We devote a large part of the present number of the Journal to the proceedings of the recent Annual Meeting of the American Medical Association, having no doubt but all our subscribers will be glad to have the whole together. It will be seen, from the number and character of the reports and papers referred to the Committee on Publication, that the next volume of the Transactions will be large, and filled with matter of permanent interest and value. If any of our subscribers wish to secure a copy, when published, they can do so by remitting *three* dollars to the Treasurer, Dr. C. Wistar, of Philadelphia. The number of members in attendance on the meeting in Detroit was quite as large as was expected, and all the business was transacted with harmony and good feeling. The usual social entertainments, in the evenings, were pleasant seasons, contributing much to the aggregated enjoyment of the Association. The steamboat excursion on the St. Clair River was the only thing that struck us as ill-timed or out of place. It was so arranged as to use up the whole afternoon of Wednesday, thereby taking out one-half of the best working day of the Annual Session, and compelling those who had sacrificed much for the sake of attending the *necessary business* of the Association, and anxious to return home at the earliest moment, either to sit idle in their hotels, or participate in pleasures for which they had neither time nor inclination. At all previous Annual Meetings, excursions, and the like, had uniformly been so arranged as not to interfere with any of the hours properly belonging to the business of the Association, and we hope the same rule will be followed hereafter.

Death.

Dr. John E. Heald, of West Point, Indiana, died on the 29th of December, 1855, of Tubercular Phthisis. He was 46 years of age, and a man respected both as a practitioner and a citizen.

Extra-Uterine Pregnancy.

We cut the following from a newspaper. Will Dr. Allaire, or some one of the medical attendants, give us a more complete account of the case?—

"It seems that Mrs. Philip Youngles, who is about thirty years of age, has been suffering from a tumor for several years. While in Germany, some two years after the birth of her first child, she supposed herself to be some seven months in her second pregnancy, when she was seized with what she supposed to be labor pains—which finally subsided, and appearances of pregnancy gradually passed away; leaving, however, a small tumor in her right side. Some two years after, she became pregnant for the third time, and in due season was delivered of a fine, healthy child. She enjoyed her usual good health, removed to this country, and was finally delivered of a third child about a year since. About two months after the birth of the last child, she experienced some pains from the tumor, which became highly inflamed, and finally broke, discharging large quantities of very offensive matter. Last Monday, Dr. Heis, of Du Page county, was called, and Drs. Young and Allaire were called in consultation, when it was determined to open the tumor, from whence they removed the bones of a fœtus of about seven months growth, which were completely hardened."

"*Forceps* versus *Embryulcia.*"

The article contained in the present number of the Journal from Dr. Freese, though very acceptable as a whole, yet contains one or two items which we are unwilling to let pass without a word of comment. So far as Dr. Freese inculcates the idea that the forceps should be used in all possible cases, in preference to the perforator, we fully coincide with him. From facts that have come under our own observation, we fear that this is not always the practice; but that embryotomy is sometimes resorted to, when a well-timed and skilful application of the forceps would have saved both mother and child. On the subject of compressing the child's head with the forceps, however, we should differ somewhat from our correspondent. We have in several instances where the labor had been protracted, and the child's head in consequence much elongated, applied the forceps and found the handles easily pressed together, and yet without compressing the head so much as to be in any degree injurious to the child.

On this subject we commend to all our readers the following paragraph from Dr. Meigs' Treatise on Obstetrics:—

"One of the most dangerous errors relative to the forceps that a Student could take up, would be the opinion that the forceps is, in its very design, a compressive instrument: it is not so; the forceps is not a pincers, it is an *extractor*—it is a real *tire-tete;* and I think it ought to be established as a *principle* in obstetrics, that where there is not space enough for the descent of the head without the forceps, *there cannot be produced a due proportion by merely squeezing the head down to the required dimensions by such an instrument.* Lest, however, I might by the above give a wrong impression of my views, it is needful that I should state, that a head, by long pressure of the pains, may be so moulded and reduced in diameter as to be squeezed through a pelvis smaller than the head was at the commencement of the travail: whenever, therefore, the pains cease, or are insufficient to produce it, the forceps, used as an extractor, may assist to that end; they should never squeeze it merely to compress and diminish its dimensions; they should always embrace it firmly enough to hold on and draw down, so that the passages may mould it as it descends."

"The above-mentioned results, procured by so distingushed a writer as Baudelocque, ought to suffice for removing any lingering disposition we might have to regard the forceps as a compressing instrument, and we should then be fully on our guard against the propensity to use it for such an object. But let it be considered that the head does not fill up the pelvis as a nail fills up the hole into which it is driven, but that it is always caught and arrested by two or perhaps four points on which it is impelled, and we shall see that if we do use it to squeeze and reduce the size of the head, we shall only reduce those diameters that are already small enough, and augment those that are already too large, for it cannot be adjusted on the points that are in such close contact as to constitute a real arrest. The most proper view to take of the instrument is, that it is a substitute for proper labor pain, supplying the want of expulsive force when wholly absent, or aiding it when its force is insufficient to effect the delivery of the woman."

Remote Effects of Chloroform.

We take the following interesting facts, in relation to a very interesting subject, from an article in the *Charleston Medical Journal*, by Dr. C. Happoldt, the Editor:—

"Besides showing the large quantity of chloroform which may be introduced into the system without producing death, I am desirous of calling attention, in the following remarks, to some of its local effects on the nerves of special sense—whose seat of function is located in the passages through which the vapor passes on its way to the lungs—and to its remote effects produced on the organs supplied by the nerves which proceed from the lower segment of the spinal column.

"Two cases recently came under my observation, which are interesting for the exhibition of these phenomena. The subjects of both were of the nervo-lymphatic temperament, and of sedentary habits. They had, during several months, resorted to the inhalation of chloroform for the purpose of procuring sleep, when this desired condition did not naturally occur at a seasonable hour. One or two ounces generally induced tranquil slumber, without being followed by any unpleasant consequence, except slight nausea, which usually dissappeared after the morning meal.

"One of these patients had an attack of asthma, to which he had been previously subject; and being aware of the anti-spasmodic and anæsthetic properties of chloroform, he unadvisably put himself under its influence, and continued the inhalation for forty hours; during which time he inhaled *twenty ounces of the fluid.* The asthma was relieved, and has not since returned—nine months having now elapsed—but he was left in an uncomfortable condition: the sense of smell was abolished, and that of taste perverted. The bladder and rectum lost their tonicity and excitability: when the former became distended, a concentrated effort of the will was necessary to effect urination; the latter remained for several months in a torpid condition, requiring the constant use of cathartics to effect the evacuation of its contents. The sexual appetite was, for many weeks, abolished; and the restoration of the functions of these organs was slowly accomplished. Saline substances were urgently craved, and freely taken. Brandy was not disagreeable, and appeared to be of use in restoring the healthy conditions of the organs involved.

"The other patient supposed that he inhaled four fluid ounces without interruption, from the fact, that the phial which had contained that quantity was empty on the following morning. He remained unconscious ten hours, and, on awakening, experienced no unpleasant symptoms. While breakfasting, he noticed the strange taste of the various dishes of which he partook; but the taste of coffee was peculiarly unpleasant; and it was with difficulty that he could be persuaded that it was not the substances which he ate, but his sense of taste, which was at fault. During the day, whatever he ate appeared perverted in flavor; he became convinced that the cause of his altered sensations lay in his organ of taste. For more than a month, neither fruits, wines, tea, nor coffee, could be taken with relish;

and it was not until the expiration of two months that the sense of taste was restored.

"The sense of smell was, for nearly the same length of time, almost abolished. The nostrils were nearly closed by the swelling of the mucous membrane. The tongue became pale in color; and the mucus membrane of the mouth and throat was flaccid and swollen, as was that of the nares.

"Coincident with these phenomena, the penis was felt to be unusually flaccid; and there was no inclination to urinate. It was only after the bladder became considerably distended that urination was possible. There was no pain, but a strange sensation along the uretha while the urine was passing out. The specific gravity of this excretion was somewhat below the normal standard, and it contained a large proportion of the triple phosphates, and a trace of the crystals of uric acid. During two months there was no erection of the penis. The patient believed that the secretion of semen was not interfered with, from the sensation referred to the testes, and the desire which existed for sexual indulgence. The inability to perform the act he attributed solely to the paralysis of the perineal muscles.

"The rectum and intestines partook of a similar torpidity with the urinary organs; but the sphincter ani retained its contractile power. For a week there was no evacuation from the bowels, and no uneasiness was felt therefrom. The saline cathartics had very little effect. Calomel, rhubarb, aloes, and other more drastic substances, were found most efficacious. Nux vomica and strychnine, arnica, and iron, were resorted to, with no perceptible effect over the paralyzed organs. Brandy, which was most agreeable to the taste as a beverage, appeared to mitigate the symptoms, and was freely taken during their continuance.

"After the expiration of two months, the only remaining effect of the chloroform was constipation, which remains until this time (December 20th,) five months since the last inhalation. This patient had never before suffered from constipation; now defecation seldom occurs without the aid of a cathartic."

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. JULY, 1856. NO. 7.

ORIGINAL COMMUNICATIONS.

ARTICLE I. — *Dysentaria Intermittent.* By HENRY W. DAVIS, M.D., Paris, Ill.

During the past summer and autumnal months, various localities in the eastern portion of our state were visited by an epidemic of flux, which, in all places, was of rather an aggravated character, and in some it assumed a very virulent type. In no place that I could hear of were the attacks of this disease characterized by so many alarming symptoms at the outset, nor did they present so many phases difficult to control, as peculiarized those cases which occurred in the town of Paris and its vicinity. It is of this epidemic, as it fell under my observation, that I wish to say a few words, confining myself exclusively to its pathology and therapeutics. I will not attempt anything like a topographical history of the disease, as it had no defined limits, and appeared to affiliate with none of the tangible causes, which are too often readily found and easily recognized as the promoters, if not the originators, of poisons productive of fatal diseases.

It is true it orignated among persons who were surrounded by every auxiliary calculated to invite an attack of the disease in any shape, to render it more virulent in character, and predispose it to a fatal termination; while, from the length of time which it remained confined to one spot, hopes were entertained that it would be limited to the household among whom it first made its appearance. But its gradual spread disabused our minds of the idea that it might have been the result of some local cause, and convinced us that the origin of the disease was not only general in its character, but that its influence would be pretty generally felt and manifested. Under all circumstances, and in all places, it made its appearance; filth seemingly offered no attractions, nor added to its virulence—cleanliness presented no safeguard, nor abated one jot of its severity.

Manifesting these characteristics, it was not strange that we should look among the many morbific causes engendered in the climate, and which are peculiar to the sloughs and swamps of the Wabash Valley; for the controling influence, if not the specific cause of the disease—and I think the evidence of the operation of at least one of them, was so unequivocal as not to leave the slightest doubt on the mind of any one who sought the sources and examined the workings of the disorder.

Having myself started but a short time since in the practice of medicine, and selecting a field of operation in the Valley of the Wabash, I was, to a great extent, unprepared to recognize the almost unlimited control which the malaria of this region exerts on many diseases which, to a casual observer, are apparently extraneous to its influence. Diseases which have hitherto been regarded as idiopathic in their character, arising from certain specified causes, running a peculiarly independent course, and controlled by remedies which seemingly had no immediate bearing upon, or connection with, the antagonistic agents of malaria, are found to be the veritable offspring of the great father of western diseases. I do not wish to be understood as asserting that diseases of a similar nature may not arise when the specific poison does not exist; but when they do fall within the sphere of its influence, they maintain all the essential characteristics pertaining to diseases of a strictly malarious origin: the same class of symptons is recognized, and the same remedies are indicated for their subjection.

Of all the diseases thus brought within the control of miasmatic poison, there is not one in which the effects of said poison are more peculiarly manifested than in the one under consideration. It is a disease which may and does prevail in localities where the malaria of intermittents is unknown; but that does not militate against the fact that, as the disease prevails among us during the summer and autumnal months, it not only appears to be completely under the sway of miasmatic poison, but it may be said to be the direct effect of it.

I believe that there is more malarious influence exerted in this disease, even in sporadic cases, and that it is to a greater extent under its specific control, than any other which may arise independent of the poison. And when the disease is in the form of an epidemic prevailing over a large extent of country, and where the most marked symptons are manifested in almost every case, all indicating the one and only morbific cause, I think I hazard little in saying that dysentery, in its epidemic form, as it obtained with us during the past summer, is just as much a consequence of the malaria generated and evolved in this region, as is ague or any of its kindred complaints.

It is universally admitted that when there exists any general morbific cause, unless it involves some specific poison, nature, after presenting every obstacle to its encroachments, will succumb in that portion of the human organism previously debilitated, or upon which the causes of disease most readily exert their influence; and thus results a variety of diseases from a similar cause. In our climate, surcharged as the atmosphere is with morbific influences, there must be one or more of the organs essential to life which will be subjected to their control; and there will be generally an attending derangement of the organ or organs, in the great majority of cases, which will require especial attention and treatment. So universally is this the case, that we are always on the alert to ascertain the condition of the suspected part prior to forming an opinion in any disease.

The liver, by far the largest and most important of all the secerning organs, is the one upon which the impress of malarious poison is first felt and soonest manifested; and to it, in a deranged condition, do I look for the fountain and origin of the disease called flux. To be more explicit, I will say that I regard the irritation, inflammation, and congestion of the mucous membrane of the intestine, *sequelæ* of an existing disorder of the biliary organ, and that disorder to be the result of malarious poison acting upon it.

The first result, at least we will assume it to be such, of the impress of the poison is congestion; and admitting that there are no other organic derangements, we think that alone is sufficient to produce all the sequents which are attendant upon an attack of flux. When this congestion obtains, the primary result is deficient secretion of bilious matter, or the production of a vitiated article unfit to serve the purposes for which nature designed it; or providing that the secretion of bile is not suspended, its elimination is obstructed to a degree that renders its passage into the intestine a thing impossible. Hence we have an entire absence of bilious discharges in dysentery; and whether we look upon it as obstructed elimination or morbid secretion, it is in either case calculated to bring on an irritable condition of the mucous membrane of the intestine, and which may be regarded as the commencement of the disease in that part. The second consequence of the hepatic congestion, is the mechanical obstruction which is presented to the return of the blood through the natural channels to the heart; the equilibrum of the circulation is destroyed, and consequently it is thrown back, or kept back, in the veins, and held as it were inert. The mesenteric veins receive their share of the suspended blood; and, in turn, the capillary net work, which is spread over the mucous tissues of the large intestine, becomes surcharged with an undue quantity.

Here, then, we have irritation of the intestines, from the altered or suspended secretion of bile, with that amount of congestion which is always attendant upon irritation, and we also have the congestion which is the result of the engorgement of the portal circle. The sequents of this condition of things are, as I conceive, the following: altered secretion from the surface of the mucous membrane from the want of proper stimulus in the shape of healthy bile, and from the congestion which prevents the normal action of the secreting vessels; rupture of the capillaries m over distension, and an effort on the part of nature to re- ve the congestion; and inflammation which results from over-distension and rupture—blood and mucous thus find their way into the intestines, and we have the discharges which are characteristic of dysentery.

This, in a few words, is an outline of what I believe to be the true pathology of flux. It might be carried still further through all its sympathetic derangements, whereby other organs become involved, and the whole organism made subservient to the disease; but neither this, nor any of the untoward symptoms which may indicate these extraneous lesions, will mar or in any degree interfere with the pathological account of the disease, as I have here attempted to write it. It is no new theory, so far as its malarious origin is maintained; and yet those who have endorsed it heretofore have, it seems, signally failed in applying those remedies which a rational accordance with this pathological view would suggest, and we can scarcely hope to arrive at any successful plan of treatment, until our views with regard to the pathology of the disease are well settled upon a reasonable basis, and the remedy selected in unison with it.

Now, the question arises, what shall the agent or agents be which such a morbid condition of the system demands for relief? I believe there is not a practitioner of medicine who has not at times felt the inefficiency of the means recommended by the ablest authority, and which belong to the usual routine of treatment when called upon to prescribe for the disease. As for myself, although having but little experience in the complaint as a medical adviser, I never felt any confidence or satisfaction in conducting a case of dysentery either after the ordinary mode as prescribed in the text-books, or the plan pursued in hospital practice in the East—as it was always impossible for me to say with any certainty whether my patient would be better or worse during the coming twenty-four hours. I gave the usual remedies without much faith in their power to do good, and left the case in the hands of Providence until the next visit. Among these remedies the most prominent were mercurials, opiates, mineral and vegetable astringents, oleaginous and terebinthinate preparations. *With* them, or *in spite* of them, most of the patients got well; yet in many cases it was questionable whether the disease or the patient would come off the best. They certainly did not work satisfactorily; and I was ready and willing to adopt any other mode of practice which bore the appearance of rationality and promised a better success. Holding, as I did, the pathological views I have here attempted to recite, and believing them to be true, I could not consistently follow the old track, but was compelled to discard the former method of cure, and adopt something in accordance with these views, mercury was no longer admissible, because it failed to meet the end for which its exhibition was designed. If any good resulted, it was temporary, and was more than counterbalanced by the irritation it produced in the already irritated organs; and it in no wise contributed to produce that condition of things which must precede a cure, and through which it can alone be effected. It is true it produced its specific effect on the liver, and one or two bilious discharges were the result; but this had but a small tendency to cure the disease. It relieved little or none of the existing congestion, and added to, rather than allayed, the irritation; and I have no faith whatever in the doctrine which teaches that the passage of bilious matter over the inflamed surface of the intestine has a tendency to restore it to a normal condition. So far from it, I believe it has a diametrically opposite effect. Every unhealthy secretion eliminated from the secerning organs is an irritant; and the matter evolved from the liver, in its abnormal condition, instead of acting as a curative, only adds fuel to the flame.

Astringents, which have always been regarded as powerful adjuvants to a mercurial practice, and upon which many place their whole reliance, had to be discarded, because they had a direct tendency to counteract the efforts which the *Vis Medicatrix Naturæ* might make to produce relief; and also to militate against the good effects which proper remedies might engender. If the pathology here laid down is correct, not one good and sufficient reason can be given to justify their employment. If they act topically, they increase the amount of irritation, and operate against the only effort which nature can make to relieve the congestion of the mucous membrane of the intestine. If taken into the circulation by absorption, their force is spent upon the arteries, producing a reduction of their calibre, and, of necessity, forcing upon the already distended veins the surplus blood. And, moreover, it seems to be bad policy to give any remedy which has a tendency to retain within the intestine the effete matter which is thrown off as the debris of the disease; so that of all the remedies which had been previously used by me, I should feel myself authorized in employing but one, and that is opium.

Before speaking of the remedial agents, (which, in my hands, seemed to have a happy and almost specific effect in removing the morbid condition of the affected organs, and a tendency to coincide with the efforts of nature to restore them to a normal condition,) I wish to say a few words in relation to what I believe to be the leading object to be attained in the treatment of flux, and without which no immediate or permanent amendment can take place.

Having endeavored to show that the whole train of symptoms connected with the disease is a consequence of a deranged condition of the liver, and that derangement involving congestion as the leading sequent of the morbific effects of malaria: the primary object would be the relief of the organ from engorgement, and the restoration of the balance of circulation; as success, in accomplishing this, would be as certainly followed by a removal of the enteric symptoms. When the liver pours its contents into the intestines, the mechanical obstruction to the return of the blood to the heart is removed; the circulation becomes equalized, and it is no longer forced back into the abdominal veins, and thence through their ultimate ramifications, which constitute the capillary net-work of the mucous tissue. Nature is no longer powerless in the disease, but can exert all the resources of her economy to assist in bringing about convalescence. The cause of the disease is virtually removed; and, simultaneous with the disgorgement of the portal circle, we have a cessation of the bloody mucus discharges, release from the tenesmus and tormina, and the substitution of bilious alvine dejections, which, when continuous, are a certain indication of returning health. It may be, that some of you will detect in the foregoing sketch of the pathology of dysentery, many imperfections and discrepancies which my experience has caused me to overlook; yet it does seem to me, that there is something reasonable in it: and when we follow the disease from its rise to its termination, and consider, in connection with it, the evidences of its decline, the whole seems to work together very nicely.

In speaking of the treatment of the disease, little need be said, as it is simple in its character, although not more so than it is effective and satisfactory in its results. It has been highly recommended, and, in the hands of some practitioners, eminently successful. It is not a new idea, as it was employed and its use advocated many years ago, although I had nowhere seen any account which attempted to put the practice in connection with the pathology of the disease, until I met with an essay from the pen of Dr. Read, of Terre Haute. He is the first writer I have read after, who explained the *modus operandi* of the saline treatment, and placed it upon a strict physiolgical and pathological basis; and, although I differ with him as to the ways and means through which the remedy produces its specific effects, still, the reasons adduced by him are sufficiently strong to warrant its employment; whilst the peculiar ideas which others may entertain, in nowise operate against, but serve to strengthen, the rationality of the practice.

Sulphate of magnesia, or epsom salts, is the remedy which I used in the treatment of flux during the past summer; and with it, I have not only had the satisfaction of seeing my patients recover, but I felt a confidence in it which I derived from the use of no other remedy; and, I must say, that it comes nearer a specific than any medicine ever employed by me. I tested it fully and fairly; and in but few instances did it fail to endorse the praises which had been bestowed upon it. In many cases I trusted to it alone, and, with but few exceptions, it succeeded in bringing about the great desideratum: that is, producing and maintaining free and copious bilious discharges. In some instances, where the symptoms were of a serious character, I employed other remedies as adjuvants to a tentative treatment; but this was the remedy upon which I most relied, and which I never failed to use. With regard to its operation, I will say, that I view its effects as being altogether topical; that it produces relief by its action upon the parts secondarily affected in *the disease*; and that it is a depletive and a tonic.

When the salts are administered, their first operation, after leaving the stomach, is upon the duodenum, which is the primary intestinal receptacle of the bilious matter, and into which the ductis communis opens. The closure of the mouth of this duct, I regard as one of the sequents of the hepatic derangement, and one of the main obstacles to the passage of the bilious secretions into the intestine. This obstruction of the duct is occasioned by the congestion which is consequent upon irritation; for *ubi irritatio ubi fluxas*, is a truism which is applicable to all parts of the human organism. The saline mixture here produces its first impression towards the removal of the disease or its causes: it operates upon the mucous surface of the intestine where the duct terminates, and, by depleting the congested capillaries, it not only removes the mechanical obstruction to the passage of the bile, but it invites its flow through its proper channels.

But it is not here alone that its good effects are manifested, for, during its passage through the primæ viæ, as it passes over the inflamed and congested surface of the intestines, its peculiar operations are produced here as elsewhere. Copious serous discharges are produced; the engorged vessels are relieved; and nature, no longer overtasked, can exert herself to assist in removing the superabundant blood. The secretory vessels cease to be inactive, and resume their labors, and thus the medicine comes to be regarded as a tonic.

The two great objects in the treatment of flux, are in this way reached: First, the relief of the engorgement of the liver; and, secondly, the equalization of the circulation. The mode of preparing the salts, is to make a saturated solution in mint water, adding sufficient comp. spts. lavender to color it nicely and impart a pleasant flavor. The dose is one tea-spoonful every two hours.

The other agents used by me, in connection with the salts, were opium and quinine; both of them were essentially necessary in some cases, while the latter is imperatively demanded in almost all. With regard to the employment of the first, I must say, that in this disease, I accord to it more than the properties of a sedative. I used it in every case where there was any considerable amount of pain, or great annoyance from frequent calls to the chamber; and gave it in large doses, (say from 1 to 2 grs., according to the urgency of the symptoms,) and repeated it every two or three hours, until relief was obtained. I usually exhibited it at night; always regarding the rest and freedom from pain which the patient might enjoy from its influence, as essentially necessary to husband the strength, and aid the *visrecuperandis;* and when, after using the salts from ten to twelve consecutive hours, bilious discharges were not produced, one or two large doses of opium seldom failed to be followed by the desired result. The effects of the opium are, I judge, manifested in the relief of the muscular contraction which is attendant upon irritation. Not only the mouth of the ductus communis, but the smallest capillaries are in a state of tonic contraction from this cause. The opium, in large doses, has a tendency to relieve this, and materially to assist in removing the mechanical obstructions to the free exit of bile and the regularity of the circulation.

Quinine is the last, but not the least, important of the remedies which I think are indicated by the symptomatology of flux. It is eminently essential in preventing the organic congestion, after relief is obtained by the use of other remedies; and its administration is strongly indicated by the fact, that in no serious case of flux, where the symptoms were sufficiently aggravated to require close attention and observation, did I fail to detect a periodical exacerbation. I did not expect it or recognize it by a chill, or the febrile symptoms consequent upon it; but if, during the twenty-four hours, I was enabled to ascertain that, at any particular period, there were manifest any evidences, either extraneous to the disease or immediately connected with it, I regarded it as sufficient indication for the use of quinine, and administered it accordingly.

Often there were no other manifestations than an increase of pain, attended with more frequent calls to the chamber. Sometimes it was denoted by difficult breathing; but, let the indication be what it would, if it retained periodicity as one of its characteristics, I did not hesitate to use quinine, and that, too, in very decisive doses.

pains in the chest, to which was now superadded hectic fever, anorexia, and sleeplessness.

On the 12th June, a consultation was called, and the visiting physician, Prof. Metcalfe, deemed it advisable to perform the operation of paracentesis thoracis, empyema being strongly suspected. His condition upon this day was as follows: Pulse 96; resp. 32; skin hot and moist: (signs as before noted—effusion to about middle of scapula, heart beating to right of sternum, and puerile respiration on right side, with absence of vocal respiratory sounds on left.)

Cough and dyspnœa, excited by movement or pressure upon diaphragm. Measurement of thorax gave the following dimensions:—

Around the nipple, (R. S.,) 18¼ inches.
" " " (L. S.,) 18½ inches.
Around lower extremity of sternum, (R. S.,) 18 inches.
" " " " (L. S.,) 17¼ inches.

An opening was made in the seventh intercostal space, of the left lateral region, by a small exploring trocar, followed by a larger instrument, the patient lying on his back; 96 oz. of pale limpid straw-colored serum, flowed freely through the canula, affording almost immediately a sense of great relief. The lips

---

ARTICLE III.—*Case of Pleuro-Tuberculosis.* By F. B. Norcom, M.D., Chicago, Ill., May, 1856.

The following case is an abstract, taken from the history book of the Third Medical Division of Bellevue Hospital. There is very little alteration from the original, and the statements are founded upon carefully observed facts, rather than upon vague recollections.

Ward 49, bed 680: James Britt, æt. 34 years; tailor by occupation; Irishman, resident of New York city for last six years; and admitted May 17th, 1855.

Several circumstances in his hereditary history, point to the existence of a predisposition to phthisis. His mother and her brother died of pleurisy, (as he calls it,) after a protracted illness. He is now the only surviving member of the family, his two sisters having fallen victims to a disease which, from its symptoms, strongly indicates a tubercular character.

was any considerable amount of pain, or great annoyance from frequent calls to the chamber; and gave it in large doses, (say from 1 to 2 grs., according to the urgency of the symptoms,) and repeated it every two or three hours, until relief was obtained. I usually exhibited it at night; always regarding the rest and freedom from pain which the patient might enjoy from its influence, as essentially necessary to husband the strength, and aid the *visrecuperandis;* and when, after using the salts from ten to twelve consecutive hours, bilious discharges were not produced, one or two large doses of opium seldom failed to be followed by the desired result. The effects of the opium are, I judge, manifested in the relief of the muscular contraction which is attendant upon irritation. Not only the mouth of the ductus communis, but the smallest capillaries are in a state of tonic contraction from this cause. The opium, in large doses, has a tendency to relieve this, and materially to assist in removing the mechanical obstructions to the free exit of bile and the regularity of the circulation.

Quinine is the last, but not the least, important of the remedies which I think are indicated by the symptomatology of flux. It is eminently essential in preventing the organic congestion, after relief is obtained by the use of other remedies; and its

ness, rising to the middle of scapula; absence of respiratory murmur, and faint ægophonic resonance at surface of fluid. Percussion sounds of right side normal, and the supplementary respiration as usual in such cases. Heart pushed to right of the sternum, irregular in its contractions, and impulse feeble. Decubitus upon the diseased side. His general condition exhibited great weakness and prostration; pulse running over a hundred, small and fluttering; respiration hurried.

Ordered—℞: Potass. acetatis., as a diuretic; vegetable tonics, with iron internally, and blisters to the side.

This plan of treatment was persevered in for three weeks, without any marked improvement in his general condition, or any perceptible diminution of the effusion. It was then changed—the pil. triplex, tonics, nutritious diet, and flying blisters, but with no better success. He failed day by day, suffering considerably from dyspnœa and irregular shooting pains in the chest, to which was now superadded hectic fever, anorexia, and sleeplessness.

On the 12th June, a consultation was called, and the visiting physician, Prof. Metcalfe, deemed it advisable to perform the operation of paracentesis thoracis, empyema being strongly suspected. His condition upon this day was as follows: Pulse 96; resp. 32; skin hot and moist: (signs as before noted—effusion to about middle of scapula, heart beating to right of sternum, and puerile respiration on right side, with absence of vocal respiratory sounds on left.)

Cough and dyspnœa, excited by movement or pressure upon diaphragm. Measurement of thorax gave the following dimensions:—

Around the nipple, (R. S.,) 18¼ inches.
" " " (L. S.,) 18½ inches.
Around lower extremity of sternum, (R. S.,) 18 inches.
" " " " (L. S.,) 17¼ inches.

An opening was made in the seventh intercostal space, of the left lateral region, by a small exploring trocar, followed by a larger instrument, the patient lying on his back; 96 oz. of pale limpid straw-colored serum, flowed freely through the canula, affording almost immediately a sense of great relief. The lips of aperture were then kept apart by a small piece of lead wire doubled upon itself, inserted in the opening, its ends being bent and secured on the outside by strips of adhesive plaster.

Ordered—℞: Ammon. bi-carb., grs. v., "ter in die," as a diuretic, together with tonics and good diet.

13th.—Feels more comfortable; can now lie on his back; skin moist; no increase of dulness, and faint respiratory murmur heard.

19th.—Pulse 80; resp. 24 and easy; skin hot and moist. Phys. examination indicated a re-accumulation of the fluid. Pulsation of heart still felt to right of sternum, and decubitus entirely dorsal. Percussion anteriorly resonant to edge of axilla, where it becomes flat; dulness posteriorly extends upward to region of scapula. Respiration puerile on right side, weak respiration and broncophony on left. Operation repeated, the fluid ran very slowly, and only 6 oz. could be obtained with difficulty by suction, of the same color and density as the first drawn. Ordered—Spts. ætheris nitrici, ʒi., "ter in die," &c.

20th.—Pulse 80; resp. 24; skin hot and dry; has felt chilly occasionally through the day; cough not troublesome, nor excited by pressure on diaphragm; decubitus dorsal—though can lie on either side.

21st.—Patient passed a restless night, perspiring very freely; urine scanty, not albuminous.

25th.—Paroxysms of hectic continue to recur; slight increase in diuresis. A physical examination, made this morning, revealed the increase of fluid to its former level. Faint œgophony at surface. About 11 A.M., was removed to an upper and better ventilated ward. In afternoon, pneumothorax detected; the time of perforation not marked by any acute symptoms. ℞: Quinæ. sulphat., grs. v.; morphiæ sulphat., gr. ¼.; M. et fiat chart; to be taken at night.

28th.—Felt more comfortable, but is evidently losing ground. Physical signs demonstrate circumscribed pneumothorax posteriorly—metallic tinkling, &c., &c. From this date, the patient began to fail rapidly, refusing to rally under the most stimulating and nutritious diet. Died, July 17th.

Sectio Cadaveris—Tuesday, July 17th, 2 P.M., 8 hours after death.—Rigor mortis well marked; body pale and much emaciated; no signs of decomposition, though weather intensely warm.

Thorax.—On raising the sternum, slight adhesions were found posteriorly to right lung, by recently effused false membrane; left lung adherent anteriorly to the portion of sternum covering it; left border of heart in the median line of the body. Ninety-six ounces of greenish serum distended the pleural sac, the upper stratum of which was transparent, whilst the lower turbid and purulent. On inserting a tube in trachea and inflating the lungs, the right became easily distended, while the left admitted none, being much compressed, and reduced to not more than one-quarter its natural size, lying against anterior medi astinum, occupying the upper portion of the pleural cavity and extending to the diaphragm by a thin prolongation. The whole of the left pleura covered by a thick false membrane. Right lung crepitant, normal in size and appearance, structure healthy: upper portion of left, hard and carnified, containing numerous small, yellow tuberculous deposits; the remaining portion very slightly crepitant and free from disease. Remaining viscera healthy.

I was not before aware of the imperfections of this record; it is certainly to be regretted, yet I much prefer giving it as copied from my notes, than attempting to supply the deficiencies by stimulating the memory. This case is one, occasionally met with in practice, occurring as a complication of Phthisis in about 10 per cent.,* and dependent upon tuberculous deposits in the lungs. It may be regarded as a sub-acute variety of pleurisy, and is met with, we believe, invariably in persons of a scrofulous diathesis.

The diagnosis made from the first physical examination, was simply pleurisy with effusion: and though from the hereditary history of the patient, we had strong grounds to suspect the presence of tuberculous trouble; yet the symptoms, both physical and subjective, were not sufficiently well-marked to demonstrate its existence. It was only after we had watched the progress of the disease for some time, and recognized not only its persistence but the inutility of our therapeutical agents to subdue it, as also the progressive emaciation and prostration of the patient, that our presumption amounted almost to a certainty.

The late Prof. Swett, did not consider that, in such cases, there was much of a tendency to the formation of pus; and though empyema was strongly suspected from the general condition of the invalid, still there was only a serous or sero-albuminous fluid obtained. The lead wire was left in the wound until a re-accumulation became apparent—then removed—not one untoward symptom having followed this plan.

This idea was introduced into the Hospital by Prof. Metcalfe, who, at that time, employed it in his private practice.

---

* M. Louis' Summary of Path. Anat. of Phthisis.

BOOK NOTICES.

A Manual of the Practice of Medicine. By GEORGE HILARO BARLOW, M.A., M.D., Cantab. Fellow of the Royal College of Physicians; Physician to Guy's Hospital, &c., &c: with additions, by D. FRANCIS CONDIE, M.D., &c., &c. Philadelphia, Blanchard & Lea, 1856.

We have received from the publishers, through Keen & Lee, of this city, the above work. From a hasty examination, we judge it to be an excellent manual, based upon the etiology and natural history of disease. It is designed for students and young practitioners, but will be found useful by those of more extensive experience and observation.

Its merit does not consist in any novelty of the principles or practice which it teaches, but in the accuracy with which disease is delineated, and the clearness and distinctness with which the principles of treatment are indicated. On the one hand, it cannot supply the place of the more elaborate works of Wood and Watson; nor, on the other, can it be ranked among the pocket editions of compends and abridgements that have undeservedly won so much popularity. The American editor has added a chapter on Cholera Infantum, one on Cerebro Spinal Meningitis, and a third on Yellow Fever. J.

The Principles of Surgery. By JAMES MILLER, F.R.S.E. & R.C.S.E., &c., &c. Fourth American, from the third and revised English edition, illustrated by two hundred and forty engravings on wood. Philadelphia, Blanchard & Lea, 1856.

It is unnecessary, we presume, to do more than to announce a new edition of "Miller's Principles." It appears without the name of an American editor, being, as the publishers tell us, an exact reprint of the author's last and revised edition.

It is, in our opinion, among the best works of the class, although by no means a full and complete treatise on the principles of surgery—indeed, we do not know of such an English or American work. J.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. WHARTON JONES, F.R.S., Prof. of Ophthalmic Medicine and Surgery in the University College, London, &c. With one hundred and ten illustrations. Second American edition, with additions from the second and revised London edition. Philadelphia: Blanchard & Lea, 1856.

Dr. Edward Hartshorne, of Philadelphia, is the American editor of this volume, of which it is unnecessary that we should say any thing more than to announce its appearance from the press of Blanchard & Lea. Although we have Lawrence, and Makenzie, and Wallon's works recently brought out, there was yet a demand for a work like the present, and no one perhaps could better have met the wants of the profession than T. Wharton Jones. The work is embellished with plates and illustrations, and, altogether, is an excellent guide to the student or practitioner. J.

An Analytical Compendium of the various branches of Medical Science, for the Use and Examination of Students. By JOHN NEIL, M.D., Surgeon to the Pennsylvania Hospital, &c., and FRANCIS GURNEY SMITH, M.D., Physician to St. Joseph's Hospital. A new edition, revised and improved, with three hundred and seventy-four illustrations. Philadelphia: Blanchard & Lea, 1856.

The fact that a new edition of the above work has been called for, is, we presume, evidence that it is popular with the profession. We have already had occasion to express our opinion of works of this class. They constitute at most but a bare skeleton of the subjects of which they treat, a catalogue of facts which must be already familiar to the practitioner, but for the comprehension of which the student will require the aid of more full and complete text-books. J.

On Some Diseases of Women, admitting of Surgical Treatment. By ISAAC BAKER BROWN, F.R.C.S., (by Exam.,) Surgeon Accoucheur to St. Mary's Hospital, &c., &c., illustrated by twenty-four wood engravings. Philadelphia, Blanchard & Lea, 1856.

The work is divided into two sections, the first of which treats of diseases or accidents resulting directly or indirectly from parturition; the second, of diseases or accidents of the female organs, occurring independently of pregnancy.

The first seventy-four pages are devoted to laceration and rupture of the perineum—the various methods of treatment are carefully analyzed. In the management after operation, for the purpose of constipating the bowels, allaying irritation, and controlling the inflammation, the author recommends opium, and adduces in support of his views the following judicious remarks of Dr. Handfield Jones:—

> "Dr. Pereria notices the efficacy of small doses of opium (ten drops of laudanum three times a day) in such instances as the chronic or callous ulcer, the so-called varicose ulcer, in recent ulcers from wounds, in which granulation proceeds slowly, and especially in elderly persons, and in those whose constitutions have been debilitated by disease, labor, spirituous liquors, &c. 'It appears,' he says, 'to promote the most genial warmth, to give energy to the extreme arteries, and thereby maintain an equal balance of the circulation through every part of the body, and to animate the dormant energies of healthy action.'
>
> "In the cases recorded in this paper, opium was given, not chiefly for the purpose of directly promoting the healing process, but of preventing its disturbance by mechanical and forcible disruption of the coalescing parts. For this it was freely given, and this most important end it well accomplished. But, had not this end been all-important, I own I should have feared, before trial, that the quantity of opium administered (three or four grains sometimes in a day) would have had the effect of disturbing, by its influence on the organic functions, that reparative healing process which issued in so beneficial and happy a result. For in these cases there does not appear to have been any marked asthenia, or undue irritability of the system. The terrors of surgical operations of earlier days, when the anæsthetic spell was unrevealed, may well have inflicted on the system a disturbing shock that opium alone could calm; but now there cannot be the same need for this potent agent.
>
> "It is, however, clear, that if in these cases opium did not promote the vital healing process, at least it did not retard it: or such obstacles, as the first case presented, would not have been overcome; and the second would not have progressed so steadily and favorably. This circumstance in itself is, I think, novel and instructive.
>
> "Perhaps, however, if we consider the matter more closely, it may appear not difficult to understand why no unfavorable,

but, on the contrary, a beneficial result was produced by the opium. The condition of an ulcer, healing by granulations, may first be referred to as an extreme instance, illustrating the great waste of plasmatic material which occurs in such cases, and more or less in all that approach to it. Much of the effused plasma (effused too rapidly to be organized) is cast off as effete matter, having taken the form of pus; much is organized into the low type of the granulation structure, destined to future reabsorption. This waste is needless, nay injurious, as a drain to the system: and if it can be prevented, as sometimes it may, by applications that exclude the air; or restrained and limited, as is done by the common water-dressing, the reparative process goes on much better, and with less constitutional disturbance.

"Again, if, as in the case before us, two fresh incised surfaces are brought together, and the aim is to induce them to unite by the first intention, what can be more prejudicial to this than the effusion of much plasma, or any, the least, approach to the above-mentioned condition? To form a connecting medium across which capillaries may anastomose and fibres unite, the thinnest film of exudation is sufficient, and the thinner the better; for the organizing process is of necessity slow, far slower than the exudative; the capillary loops must take many hours to unite—the opposed fibres some days to blend, by means of the connecting material, and the further the old surfaces are separated the longer this must be delayed, and the more of the exuded matter, which itself has produced the separation, will pass into the form of effete and purulent fluid. Now, this tendency to the excessive effusion of plasma, opium very probably restrains, somewhat it may be as it restrains a flux from a mucous surface: the hurried action is stilled, the vascular excitement tending to inflammation allayed, the sedative influence of the drug assisting Nature in her work, by preventing that which would mar or delay it. The imparting of energy to the extreme arteries, which Dr. Pereira speaks of, we know from observation to be the restoration of their tonicity, enabling distended, relaxed, and conjested vessels to resume their natural calibre, and thus to transmit a due and not excessive quantity of blood in a current of proper velocity to the parts they supply. The restoration of the proper function of the arteries, 'the conductors and disposers of the blood,' as John Hunter accurately defined them, will manifestly tend greatly to prevent the excessive effusion of plasma, and thus remove at least one obstacle to the progress of reparation.

"It seems, therefore, reasonable to expect that opium, so long as it does not manifestly disorder the nervous system or the organic functions, would tend powerfully to promote the healing process, and this expectation is amply borne out by the results of the cases recorded."

The author concludes:—"1st. That the worst forms of lacerated perineum, of however long standing, may be cured by the operation. 2d. That immediately on the occurrence of the accident, it should be resorted to. 3d. That subsequent parturition is possible without injury to the restored perineum."

For vissico-vaginal fistula, the author recommends the clamp suture, used by Dr. Marion Sims, now of New York. In reference to the mode of operating, &c., there is nothing which is not already familiar to our readers.

The chapter on ovarian dropsy, or escysted dropsy of the ovary, occupies 105 pages. The questions considered, are:—The origin and structure of ovarian cysts; the formation of multilocular or proliferous cysts; the growth of cysts; the direction of growth; the intercommunication of cysts; the communication of cysts with the fallopian tubes; the contents of ovarian cysts; dropsy of fallopian tubes; the causes of ovarian dropsy; the symptoms and course of the disease; the diagnosis and signs of the disease. In reference to this last question, the following is a resume of the special signs of the disease:—

"When, with a slowly-increasing abdominal tumor, there are such general signs as emaciation, sunken or contracted features; the absence of marked œdema of the legs; of the special symptoms of ascites, or of those organic lesions productive of it; of any notable impairment of the patient's activity; of any great deterioration of the functions of life, and of the characteristic signs of pregnancy, we may suspect ovarian dropsy to exist. When percussion reveals fluctuation, and in every change of posture the fluid is detected at the most prominent part of the tumor, whilst the intestinal sound is present only on one side, and the dull sound extends into the pelvis, ovarian dropsy may be more than suspected, it may be presumed to exist.

"When, in an earlier stage, an examination *per vaginam et rectum* discovers an elastic tumor in the recto-vaginal pouch, loose in position, and probably distinctly fluctuating, without the presence of the symptoms of hernia, or of the pain of a prolapsed ovary, then we may be almost certain that it is a dropsical ovarian cyst, and, by watching, the progressive increase of the tumor strengthens the conviction. Likewise, it should be remembered, that, when there is only one cyst, the tumor is generally more perceptible on one side of the body, and its surface feels more equal; but that when there is a plurality of cysts, the unilateral character of the tumor is liable to be lost, the symptoms to be more or less obscured, and the fluctuation less distinct.

"Lastly, we must ever bear in mind the many deranged conditions of organs and functions which may be and have been confounded with encysted dropsy, and which I shall presently describe *seriatim.*"

Under this head, the author also considers the value of the microscope, the exploring needle, and the uterine sound of Dr. Simpson.

The following are enumerated as diseases likely to be mistaken for ovarian dropsy:—

"1. Retroversion and retroflexion of the uterus.
2. Tumors of the uterus: *a*, a solid; *b*, fibro-cystic.
3. Ascites.
4. Pregnancy.
5. Pregnancy, complicated with ovarian dropsy.
6. Cystic tumours of the abdomen.
7. Distended bladder.
8. Accumulation of gas in the intestines.
9. Accumulation of feces in the intestines.
10. Enlargement of the liver, spleen, or kidney, or tumors connected with these viscera.
11. Recto-vaginal hernia, and displacement of the ovary.
12. Pelvic abscess.
13. Retention of the menstrual fluid from imperforate hymen.
14. Hydrometra."

These are considered separately, and the special points of difference pointed out. The last sixty-three pages are devoted to the treatment and illustration of cases. On this subject the author seems to have no peculiar views of his own, but describes briefly the different surgical operations for the cure of the disease.

The book is well worthy of a place in the library of every physician, as well as surgeon, and we commend it to our readers.

J.

MEDICAL SOCIETIES.

Sixth Annual Meeting of the Illinois State Medical Society, held in Vandalia, June 3 and 4, 1856.

MORNING SESSION, June 3.

The members of the Society assembled in the Old State House, and were called to order at 11 o'clock, by the President, Dr. N. S. Davis, of Chicago.

Dr. Stearns, Chairman of the Committee of Arrangements, reported the names of the following delegates and members as having been registered by the Committee, viz.:—

DELEGATES.

Dr. H. Noble, for McLean County Medical Society.
" T. R. Edmiston, for DeWitt County Medical Society.
" P. H. Lawrence, for Christian " " "
" J. W. Freer, for Cook " " "
" J. N. Cameron,
" Thos. D. Washburn, } for Esculapian Medical Society.
" James M. Steel,
" D. N. Moore,
" Wm. White, } for Union Medical Society.
" J. V. Z. Blaney,
" Wm. B. Herrick, } for Rush Medical College.

PERMANENT MEMBERS.

Dr. Samuel Thompson, of Albion, Edwards County.
" A. H. Luce, of Bloomington, McLean "
" S. W. Noble, of LeRoy, " "
" S. T. Trowbridge, Decatur, Macon "
" W. A. Hillis, of Hillisboro, Montgomery "
" N. S. Davis, of Chicago, Cook "
" F. B. Haller, of Vandalia, Fayette "
" A. D. Stearns, " " "

The President informed the Society that neither of the Secretaries were present, when, on motion of Dr. H. Noble, Dr. J. W. Freer, of Chicago, was unanimously elected Secretary *pro tem.*

The President announced the regular business in order to be the election of officers of the Society for the coming year.

On motion of Dr. W. B. Herrick, the appointment of a committee to nominate officers was postponed until the commencement of the afternoon session.

The Secretary *pro tem.* read a communication from the Secretary, Dr. E. Andrew, of Peoria, accompanied by his report as Chairman of the Committee of Arrangements. According to this report, the expense of publishing the Transactions of last year was $117 00, all of which the Secretary had paid from his own funds, having received nothing from the Society.

After supplying the members with copies of the Transactions, 350 copies remained in his hands, subject to the order of the Society.

The Treasurer, Dr. J. V. Z. Blaney, explained that he had received no order from the Secretary for money, nor indeed any communication from him on any subject since the last meeting of the Society.

He also presented the following report, viz.:—

J. V. Z. BLANEY, Treasurer,
To ILLINOIS STATE MEDICAL SOCIETY, Dr.

To amount collected of members at the annual meeting in June, 1855, as by accompanying list,	$96 00
Cr.	
By Cash paid June 6th, 1855, to N. S. Davis, late Treasurer, balance due him as by his last report,	56 00
Balance on hand at this date, June 3d, 1856,	40 00
	$96 00

In addition to the above, the Treasurer holds, subject to the order of the Prize Committee, $26 00, and the offer of $20 00 more from Dr. N. S. Davis, whenever the committee make an award.

On motion, the reports of the Secretary and the Treasurer were accepted and referred to a committee of three, with instructions that the committee audit the same, and also recommend the sum to be fixed as the annual assessment for the present year. The President appointed Drs. Samuel Thompson, H. Noble, and Dr. W. B. Herrick, said committee.

On motion, the Society adjourned until 2 o'clock, P.M.

AFTERNOON SESSION.

The Society was called to order at 2 o'clock P.M., the President, Dr. N. S. Davis, in the chair.

On motion of Dr. W. B. Herrick, the regular order of business was suspended for the purpose of electing permanent members; whereupon the following gentlemen were duly nominated and elected by unanimous votes:—

Dr. D. N. Moore, of Clinton County, proposed by Dr. F. B. Haller; Dr. T. S. Brooks, of Greenville, proposed by Dr. W. B. Herrick; Dr. H. Shoemaker, of Columbia, proposed by Dr. S. Thompson; Dr. T. J. Cornell, of Waterloo, proposed by Dr. S. Thompson; Dr. W. J. Gibbs, of ——, proposed by Dr. W. B. Herrick; Dr. W. J. Chenowith, of Decatur, proposed by Dr. S. T. Trowbridge; Dr. Ira B. Curtis, of Decatur, proposed by Dr. S. T. Trowbridge; Dr. E. W. Moore, of Decatur, proposed by Dr. S. Thompson; Dr. J. Barbre, of Louisville, proposed by Dr. F. B. Haller; Dr. Wm. Noecker, of Monticello, proposed by Dr. S. T. Trowbridge; Dr. Vermillia, of Chicago, proposed by Dr. J. V. Z. Blaney; Dr. J. H. Hollister, of Chicago, proposed by Dr. J. W. Freer; Dr. Edmund Andrews, of Chicago, proposed by Dr. W. B. Herrick; Dr. J. M. Williamson, of Lovington, proposed by Dr. W. B. Herrick; Dr. E. W. Boothe, of Vanburensburgh, proposed by Dr. F. B. Haller; Dr. F. R. Payne, of Marshall, proposed by Dr. S. Thompson; Dr. H. R. Payne, of Marshall, proposed by Dr. S. Thompson; Dr. Hiram Nance, of Lafayette, proposed by Dr. S. Thompson; Dr. S. Hubbard, of Bloomington, proposed by Dr. A. H. Luce; Dr. Lee Smith, of Hudson, proposed by Dr. A. H. Luce; Dr. S. McBride, of Decatur, proposed by Dr. W. Moore; Dr. Wm. Chambers, of Charleston, proposed by Dr. J. N. Cameron; Dr. W. H. Burns, of Richrum, proposed by Dr. J. N. Cameron; Dr. H. Barber, of Richrum, proposed by Dr. J. N. Cameron; Dr. Wm. Hill, of Salem, proposed by Dr. W. White; Dr. Jayne, of Nashville, proposed by Dr. W. A. Hillis.

Dr. S. Thompson, from the Special Committee, to whom was referred the reports of Treasurer and Secretaries, reported that they had examined the same and found them correct. The Committee also recommended the adoption of the following resolutions:—

Resolved, That an assessment of three dollars be made on all the present and past members of this Society, whose names appear on the different volumes of Transactions of this Society. Also, that the Secretary be instructed to inform them of the same, and that the payment for this one year shall reinstate them in full membership.

Resolved, That the Treasurer be authorized to refund to Dr. Andrew, of Peoria, late Secretary, the amount set forth in his report as having been advanced for publishing the Transactions of the Society, at as early a period as possible.

On motion, the report of the Committee was accepted and the resolutions adopted.

The Society took a recess of ten minutes, to enable the members from each County to select from their own number, one to constitute a committee to nominate officers for the ensuing year.

The President again called the Society to order, and the Nominating Committee was announced as follows:—

Dr. A. H. Luce, of McLean County.
" T. R. Edmiston, of DeWitt County.
" J. R. Lawrence, of Christian "
" J. W. Freer, of Cook "
" S. T. Trowbridge, of Macon "
" W. A. Hillis, of Montgomery "
" D. N. Moore, of Clinton "
" W. White, of Marion "
" J. Barbre, of Clay "
" F. S. Brooks, of Bond "
" J. N. Cameron, of Coles "
" J. M. Steel, of Edgar "
" S. Thompson, of Edwards "
" J. M. Williamson, of Moultrie "
" F. B. Haller, of Fayette "

The Committee retired, and after consultation, reported through their Chairman as follows:—

President—Dr. H. Noble.

Vice-Presidents—Dr. T. D. Washburn; Dr. F. B. Haller.

Secretaries—Dr. N. S. Davis, of Chicago; Dr. H. A. Johnson, of Chicago.

Treasurer—J. V. Z. Blaney, of Chicago.

On motion, the report was accepted, and the candidates named therein unanimously elected officers of the Society for the ensuing year.

The President appointed a committee, consisting of Drs. Luce, Blaney, and S. W. Noble, to conduct the newly elected officers to their respective places.

Dr. H. Noble, on being conducted to the chair, thanked the Society for the honor conferred on him, and announced the regular order of business to be the hearing of reports from the Standing Committees.

Dr. S. Thompson, of Albion, Chairman of the Committee on Practical Medicine, made a lengthy report, which was listened to with much interest.

On motion of Dr. Luce, of Bloomington, the report from the Committee on Practical Medicine, &c., was accepted and referred to the Committee on Publication.

The standing committees on Surgery, Obstetrics, and Drugs and Medicines, being called in order made no reports.

On motion of Dr. J. V. Z. Blaney, the Committee on Drugs and Medicines, Dr. H. A. Johnson, of Chicago, Chairman, was continued another year.

Dr. J. V. Z. Blaney, special committee on the Toxicology of the Alkaloids, reported that his investigation of the subject was yet incomplete; and, on motion of Dr. S. Thompson, the committee was continued another year.

Dr. D. Prince, of Jacksonville, special committee on Orthopœdic Surgery, being absent, his report on that subject was read by the Secretary; accepted, and referred to the Committee on Publication.

A letter was read from Dr. F. K. Bailey, of Joliet, special committee on Congestive Intermittents, apologizing for his absence and inability to report at the present meeting.

On motion, Dr. Bailey was continued a committee on the same subject another year.

Dr. A. S. McArthur, of Joliet, special committee on the Physiological Explanation of Counter-Irritation, not being present, he was, on motion of Dr. J. V. Z. Blaney, continued another year.

Dr. N. S. Davis, of Chicago, special committee on the Alterations of the Blood in Continued Fevers, stated that he could be prepared to make a partial report to-morrow. But, after some explanations, on motion of Dr. Thompson, the committee was continued another year.

Dr. J. V. Z. Blaney, from the committee appointed at the last annual meeting to memorialize the legislature in favor of further provisions for the accommodation of the insane, reported that there had been no meeting of the legislature since the appointment of the committee, and consequently that they had hitherto been unable to perform the duties assigned them.

On motion, the committee were continued another year.

Dr. Blaney also called the attention of the Society to the subject of procuring laws for the registration of births, marriages, and deaths; asking for the appointment of a committee to act with the committee of the American Medical Association appointed to procure the enactment of uniform laws on the subject in all the States.

Dr. S. Thompson presented a resolution from the Esculapian Society on the same subject, which, after being amended, was adopted as follows:—

Resolved, That a committee, of one from each County, be appointed, Prof. Blaney, of Chicago, being chairman, to memorialize the legislature to pass a law for the registration of births, marriages, and deaths, in this State; and that the committee be requested to co-operate with the committee of the American Medical Association on the same subject.

The President announced the following as the committee under this resolution, viz.:—

Drs. S. T. Trowbridge, of Macon County; S. W. Noble, of McLean; S. Thompson, of Edwards; F. B. Haller, of Fayette, A. L. Keller, of Moultrie; C. Goodbrake, of DeWitt; W. A. Hillis, of Montgomery; S. W. Thompson, of Clay; G. N. Logan, of Crawford; J. F. Daggett, of Will; H. R. Payne, of Clark; Boal, of Marshall; W. S. Maus, of Tazewell; E. C. Banks, of Coles; S. Long, of Sangamon; J. D. Arnold, of Peoria; J. C. Fitts, of Fulton; B. F. Stevenson, of Menard; J. B. Samuel, of Green; W. W. Welch, of LaSalle; H. Shoemaker, of Monroe; J. W. Spaulding, of Knox; H. Nance, of Stark; S. A. Paddock, of Bureau; D. Lyman, of Winnebago.

On motion of Dr. N. S. Davis, a committee of five was appointed to select a place for the next annual meeting, and also to fill up the Standing Committees for the ensuing year.

The President appointed Drs. Herrick, Thompson, Luce, Washburn, and Edmiston said committee,

On motion, the Society adjourned to 9 o'clock A. M., tomorrow.

WEDNESDAY, June 4.

The President, Dr. H. Noble, called the Society to order at 9 o'clock A. M.

The Secretary, Dr. N. S. Davis, read the minutes of the last meeting, and they were approved.

Dr. S. Thompson offered the following amendment to the Constitution, which lies on the table until the next annual meeting, viz.:—

Resolved, That the Society shall choose one Permanent Secretary, to hold office during the pleasure of the Society, and whose duty it shall be to keep all the records, books, and papers of the Society; and one Assistant Secretary, to be elected annually from the place where the next succeeding meeting is to be held. The Permanent Secretary, when not able to attend any given meeting, shall furnish the Assistant with so much of the records and papers as are necessary for the accommodation of that meeting, which, together with the proceedings of the said meeting, shall be returned to him as soon as practicable after the adjournment of the same.

On motion of Dr. F. B. Haller, Dr. J. Campbell, of Mulberry Grove, Bond County, and any other physicians in good standing in the profession who may be present, were invited to take part in the meeting as members by invitation.

Dr. A. H. Luce, from the special committee to select a place for the next Annual Meeting, &c., reported as follows:—

Place for the next Annual Meeting, *Chicago*.

Committee of Arrangements.—Dr. J. H. Hollister, Dr. DeLaskie Miller, Dr. J. Bloodgood, Dr. Chas. G. Smith, Dr. Henry Parker, all of Chicago.

Committee on Practical Medicine—Dr. C. N. Andrews, of Rockford; Dr. F. R. Payne, of Marshall; Dr. S. T. Trowbridge, of Decatur.

Committee on Surgery—Dr. J. W. Freer, of Chicago; Dr. David Prince, of Jacksonville; Dr. A. H. Luce, of Bloomington.

Committee on Obstetrics—Dr. J. C. Frye, of Peoria; Dr. C. Goodbrake, of Clinton; Dr. Wm. Chamberlain, of Toulon.

Committee on Drugs and Medicines—Dr. H. A. Johnson, of Chicago; Dr. J. Blount, of Rockford; Dr. S. W. Thompson, Clay County.

Also, the following special committees, viz.:—

Dr. C. Goodbrake, of Clinton, on the Medicinal Properties of the Asclepias Tuberosa.

Dr. G. W. Moore, of Decatur, on Anemia and Chlorosis.

On motion of Dr. Hillis, seconded by Dr. White, the foregoing report was accepted and adopted as a whole.

Dr. Trowbridge, in behalf of the citizens and profession of Decatur, invited the Society to hold its annual meeting for 1858 in that place.

Dr. S. Thompson, called the attention of the Society to the practice of selling patent medicines and nostrums, and the publishing of unprofessional matter in the newspapers by members of the Society. He alluded to Dr. A. G. Lawton, of Lasalle, and closed by a motion that he be expelled from the Society. The motion was seconded and passed by a unanimous vote.

Dr. Blaney offered the following resolution, which was adopted:—

Resolved, That the Committee on Publication be requested to publish, in pamphlet form, 1,000 copies of the Constitution of the Society, the By-Laws, and Code of Ethics, as now in force, together with such explanatory or declaratory resolutions as may be found in the proceedings of the Society, and forward a copy of the same to each member of the Society.

Dr. Haskell, who had been alluded to by Dr. Thompson as implicated in selling nostrums, had sent a request that he might withdraw from the Society; and, on motion of Dr. Washburn, his request was granted.

On motion of Dr. S. W. Noble, the Society proceeded to elect twelve delegates to the next Annual Meeting of the American Medical Association, to be held in Nashville, Tenn., on the first Tuesday in May, 1857, as follows: — Drs. A. H. Luce, of Bloomington, S. Thompson, of Albion, J. V. Z. Blaney, of Chicago, T. R. Edmiston, of Clinton, J. M. Steel, of Grand View, S. T. Trowbridge, of Decatur, S. W. Noble, of Leroy, J. M. Williamson, of Lovington, F. B. Haller, of Vandalia, W. A. Hillis, of Hillsboro, J. N. Cameron, of Charleston, and Thos. Hall, of Toulon.

On motion of Dr. Luce, the Society authorized the Secretary to publish the Transactions in the *North-Western Medical and Surgical Journal*, if himself and the Treasurer should deem it expedient.

Dr. Blaney offered the following, which was adopted, as an addition to the By-Laws of the Society, viz.: —

Resolved, That the Chairman of all committees, the Secretary and Treasurer, each have authority to have printed such circulars as may be required for the efficient performance of their duties; and that they present their accounts for the same and for postage, to the meeting at which they make their reports.

On motion of Dr. Blaney, the resolution adopted at the last annual meeting, in relation to the initiation fees of new members, was continued in force for the present year.

Dr. N. S. Davis offered the following resolution, which was adopted:—

Resolved, That a committee of three be appointed on Prize Essay, authorized to offer a premium of $50 for the best Essay on some medical subject, to be presented under the usual regulations.

The President appointed Drs. J. V. Z. Blaney, T. D. Washburn, and S. Thompson, the Committee on Prize Essay.

On motion of S. Thompson, the Committee of Arrangements were requested to consider the propriety of issuing annual cards of membership, with power to act.

Dr. N. S. Davis, the retiring President, then read his valedictory address.

Dr. Washburn offered the following, which was adopted:—

Resolved, That this Society have listened with great pleasure and satisfaction to the very able and interesting valedictory address of Prof. N. S. Davis, on the Influence of Alcohol on Tuberculosis.

Dr. Luce offered the following, which was seconded by Dr. Trowbridge, and adopted, viz.:—

Resolved, That the thanks of the Society be tendered to Dr. Davis for his very able valedictory address, and that a copy of the same be requested for publication in the Transactions of the Society.

On motion of Dr. T. D. Washburn, the following was adopted:

Resolved, That the thanks of the Society are hereby tendered to the Committee of Arrangements, for the efficient and faithful manner in which they have discharged their duties.

Dr. White offered the following resolution, which was unanimously adopted:—

Resolved, That we, the members of this Society, tender our sincere thanks to the Masonic fraternity of Vandalia, for the use of the room and furniture in which we have held our meetings; and that the chairman of the late Committee of Arrangements be requested to present a copy of this resolution to the Master of the Masonic Lodge.

The following was offered by Dr. Luce, and also unanimously adopted:—

Resolved, That the thanks of the Society are hereby tendered to the citizens of Vandalia for their hospitality and kind accommodation of its members during its present annual session.

On motion of Dr. S. Thompson, the Society adjourned *sine die*.

N. S. DAVIS, *Sec. Ill. State Med. Society.*

Semi-Annual Meeting of the Æsculapian Society, held at York, Ill., May 28th, 1856.

The Æsculapian Society of Illinois, met in semi-annual session at York, this day, and at 11 o'clock, (the President, Dr. S. York, of Paris, and the Vice-President, Dr. D. W. Stormant, of Grandview, being both absent,) on motion of Dr. Chambers, of Charleston, Dr. Mitchell, of Darwin, was called to the chair, when Dr. Hamilton (Secretary) pleading sickness, Dr. Chambers, at his request, read the proceedings of the preceding meeting, after which they were, on motion, corrected, so as to divide the special from the standing committees; and that it be understood that special committees are to make their reports the meeting next after their appointment, whether it be at the annual or semi-annual sessions, and that standing committees make their reports at the annual meetings only, (except the Committees on Arrangements and Publication;) and, further, that the case reported by Dr. Banks, at the last meeting, should have been noticed in the last printed proceedings.

Dr. Hamilton, of Palestine, tendered his resignation as Secretary, urging ill-health as the cause, when, upon motion of Dr. Chambers, the consideration of the subject was postponed until the afternoon session.

Dr. H. R. Payne, of Marshall, moved that the calling the roll of members be deferred until the afternoon session. Carried.

The report of the Treasurer was in order, but without response from that officer.

Dr. F. R. Payne proposed the name of Dr. V. R. Bridges, of Salisbury, in Coles County, for membership; referred to Board of Censors.

Dr. Chambers moved that a committee of three be appointed by the chair, to report upon the best mode of having the proceedings, together with the reports made to this society, published; and that the committee report to-morrow morning. Carried. And Drs. Chambers, F. R. Payne, and Gorham were appointed.

EVENING SESSION.

The Vice-President, Dr. D. W. Stormant, in the chair.

On motion, the resignation of Dr. C. M. Hamilton, as Secretary, was received, whereupon the President appointed Dr. W. M. Chambers Secretary *pro tem.;* and, on motion, Dr. F. R. Payne was appointed Assistant Secretary.

Dr. F. R. Payne moved that the name of Dr. Charles Gorham, which has, by some strange mistake, been heretofore omitted by the Secretary, be now inserted as a member. Carried.

The roll of members was then called, and the following gentlemen were found to be present, viz.:—Drs. E. C. Banks, of Charleston; C. M. Hamilton and J. M. Logan, of Palestine; C. Johnson, D. O. McCord, C. Gorham, and William Leachman, of York; F. R. Payne, H. R. Payne, and L. C. Churchill, of Marshall; D. W. Stormant, and J. M. Steele, of Grandview; J. D. Mitchell, of Darwin; W. R. Duffield, of Sullivan; and Wm. M. Chambers, of Charleston,

Dr. C. M. Hamilton was, on motion of H. R. Payne, appointed Treasurer *pro tem.*

Dr. D. O. McCord, of York, read an interesting paper on the Theory of Intermittent Fever, discussing the subject at length, in a forcible and logical manner.

Dr. Banks, Chairman of the Board of Censors, reported favorably on the petitions of Dr. Bridges and Daniel Bowers, M.D.

The vote was then taken upon the reception of Dr. Bowers as a member—unanimous in his favor. Dr. Bridges, on motion, was requested to read his Thesis to-morrow morning.

The discussion of Dr. McCord's paper was declared in order. Dr. Chambers commended the report, and hoped the writer would be appointed to continue the subject.

Dr. H. R. Payne read a paper upon Puerperal Convulsions, in which he gave the whole subject a thorough investigation, and reported two or three very interesting cases. The paper was lengthily discussed by Drs. Banks, Chambers, Mitchell, H. R. Payne, McCord, Churchill (who reported some cases he had recently treated, which gave additional interest to the subject,) F. R. Payne, and Johnson. [Such observations, and reports, and discussions, are what go to make up the sum of our professional knowledge—*Sec't.*]

Dr. Chambers reported two cases of Typhoid Pneumonia, which were discussed by Drs. H. R. Payne, Johnson, McCord, Mitchell, Banks, Steel, Stormant, F. R. Payne, Logan, and Chambers.

Dr. Johnson reported two cases of Pneumonia, which were discussed by Drs. Chambers and Johnson.

NIGHT SESSION.

Dr. Stormant in the chair.

Dr. Chambers read his essay upon "Substitutes for Quinine," in the conclusion of which he offered a series of resolutions, the purport of which was, to appoint a committee and continue the investigation of the subject by having tabular information from the members, the Secretary to furnish tables to the members. Discussion of paper and resolutions postponed until to-morrow.

Dr. F. R. Payne then read an entertaining paper on "Practical Medicine," giving its history in a complete and finished manner, which did great credit to his powers of research, as well as his practical application of things.

On motion, Dr. Banks is to report the proceedings of the American Medical Association, at 10 o'clock to-morrow morning.

On motion of Dr. Banks, each member was allowed six copies of the Constitution and By-Laws of the Society recently published.

Adjourned to meet to-morrow morning at 8 o'clock.

THURSDAY MORNING, May 29th, 1856.

The Society met pursuant to adjournment, Dr. Stormant in the chair. Minutes of proceedings yesterday, read and adopted.

Dr. Logan offered a resolution, making it obligatory upon the members to sign the Constitution. Dr. Chambers moved to amend by appointing a committee who should ascertain the names and address of all the members of the Society, or devise some plan by which the Secretary could get in possession of such information. Amendment added, and Drs. Banks, F. R. Payne, and Gorham were appointed the committee, with instructions to report in an hour.

Dr. Bridges, a candidate for membership, read a paper, reporting a case as a substitute for a Thesis, which, on motion of H. R. Payne, was received, whereupon the candidate was balloted for and unanimously elected a member, and took his seat with the meeting.

Dr. Charles Johnson presented a report from Dr. S. Thompson, of Albion, on Recto-Vaginal Fistula, which was read by the Secretary. Discussed by Dr. Logan, of Palestine.

Dr. Logan offered the following:—

Resolved, That Drs. Hinkle and Helm, of Carlisle, Ia., (who are present,) be requested to participate in the proceedings of the Society. Adopted.

Dr. Chambers, from the committee on the best means of securing the publication of the transactions of this Society, read the following report:—

Inasmuch as the medical profession are the guardians of the public health, as well in preventing as is curing disease, and as a consequence, the public are deeply interested in the transactions of this Society; inasmuch as its members are now engaged in the investigation of the causes, prevention, and best mode of curing the diseases peculiar to this State: Therefore,

Resolved, That a committee be appointed by this Society, consisting of one member from each county represented therein, whose duty it shall be to prepare a memorial upon the subject, and transmit a copy thereof to the Secretary, who shall publish the same in circular form; and, upon the election of the members of the next Legislature of the State, shall transmit a copy thereof to each Senator and Representative, and then, on the assembling of said Legislature, the committee shall urge upon that body to make an appropriation sufficient to defray the publication of the practical facts and transactions of this Society annually.

W. M. Chambers.
F. R. Payne.
C. Gorham.

The report was discussed at great length by Drs. Banks, McCord, Mitchell, Logan, H. R. Payne, and Chambers.

Dr. Banks, chairman of committee on the resolution offered by Dr. Logan as afterwards amended, reported that the whole subject of membership and residence of members, be referred to Dr. Hamilton former Secretary. Report, on motion, referred back to committee, with further time.

Dr. F. R. Payne offered a resolution upon the subject of publication. Laid on table.

Dr. H. R. Payne offered a resolution which did not come into hands of Secretary. Dr. McCord also offered one which he did not get—both of which were

Dr. Logan, Chairman of the Standing Committee on Indigenous Botany, (appointed at last meeting,) tendered his resignation of the position, (cause ill-health,) and recommended the appointment of Dr. Churchill, of Marshall, in his stead. Resignation accepted, and appointment of Dr. Churchill confirmed.

Dr. Banks made a report of the proceedings of the American Medical Association at its last meeting, which he had attended as a delegate from this Society.

Dr. Chambers' Essay on Substitutes for Quinine was brought up for discussion; and, on motion, the preamble and resolutions appended thereto were adopted, and Drs. S. Thompson, Bridges, and Bowers were appointed the committee to carry out the object of the resolution.

The President declared the selection of a place for next meeting in order, when, upon motion, Grandview was unanimously selected.

Dr. Chambers moved that a committee be appointed to select special subjects to be reported on at the annual meeting. Carried; and Drs. F. R. Payne, Hamilton, and McCord were appointed.

The President appointed Dr. H. R. Payne, of Marshall, to deliver the annual address.

The Secretary, on motion of Dr. Logan, read the delinquent list; and, on motion, the resolution of Dr. York, adopted at the last meeting, in regard to the expulsion of members for non-attendance and unpaid dues, was rescinded; and, further, that Dr. Hamilton be directed to open a correspondence with Drs. Duncan and Washburn, former Treasurers, and report at next meeting the exact state of our finances as far as possible.

Dr. Banks, Chairman of Board of Censors, reported favorably on the petition of Dr. Hinkle, and, upon ballot, he was unanimously elected.

Dr. F. R. Payne, Chairman of Committee on Special Subjects, to be reported on at next meeting, announced the following, and upon the adoption thereof the President appointed the gentlemen whose names are opposite the subjects to report thereon, viz.:—

Milk Sickness, Dr. J. M. Logan.

Scrofula, Dr. T. D. Washburn.

Pneumonia, Dr. H. N. Davis.

Prolapsus Uteri, Dr. C. M. Hamilton.

Cholera Infantum, Dr. D. W. Stormant.

Veratrum Viride, Dr. C. Gorham.

Causes Intermittent Fever, Dr. V. R. Bridges.

Epidemic Dysentery, Dr. D. Bowers.

Acute Bronchitis, Dr. T. D. Mitchell.

Diagnosis in Typhoid and Typhus Fever, Dr. D. O. McCord.

Use and Abuse of Alcohol, Physiologically Considered, Dr. J. M. Hinkle.

Stomatitis Materna, Dr. J. M. Steele.

Dr. Chambers offered the following:—

Resolved, That the sincere thanks of the Society are gratefully tendered the acting President, Dr. Stormant, for the calm, dignified, and courteous manner in which he has conducted the proceedings of the present session. Carried by a rising vote unanimously.

Dr. Mitchell, of Darwin, offered the following, viz.:—

Resolved, That physicians applying for membership to this Society, who are not graduates of a regular college, shall be required to present to the Censors satisfactory evidence of their standing, as physicians, in the regular profession; and such evidence shall take the place of an examination on the different branches of medicine, and as a thesis. Lays over until annual meeting.

Dr. Chambers, of Charleston, offered the following resolution:

Resolved, That the thanks of the Society are due the proprietors of this house, for the use thereof during the present meeting, and are hereby most cordially tendered. Carried.

It was moved, that a copy of the proceedings of this meeting be furnished the *North-Western Medical and Surgical Journal*, and the various papers of Marshall, Charleston, Paris, Palestine, and the *Vincennes Gazette*, with the request that they publish.

Adjourned to meet at Grandview, on the 4th Wednesday in October.

D. W. STORMANT, *President*.

WM. M. CHAMBERS, *Sec. P. T.*

Annual Meeting of the Henry County Medical Society, held at Kewanee, June 5th, 1856.

Dr. E. Pomeroy, President, being absent, Dr. J. M. Winn, Vice-President, was called to the chair.

The minutes of the previous meeting were read and approved.

The following physicians, being present, were proposed as proper persons to become members of this Society.

C. H. Gran, M.D., of Andover, proposed by Dr. O. H. Edwards.

A. A. Dunn, M.D., Cambridge, by Dr. H. Ludington.
M. G. Lyman, M.D., Geneseo, ditto.
J. R. Hays, M.D., Rock Island, ditto.
H. C. Morey, M.D., Geneseo, ditto.
G. P. Dimmitt, M.D., Cambridge, ditto.
N. Holton, M.D., Buda, by Dr. Fitch.
E. Gaylord, M.D., Kewanee, ditto.
J. S. Lamper, M.D., Bradford, by Dr. H. Ludington.

Applications were referred to Censors, who reported favorably.

On motion of Dr. Fitch they were received as members.

Society proceeded to the election of officers for the ensuing year, which resulted as follows:—

For President, A. A. Dunn, of Cambridge.
For Vice-President, R. J. Stough, Geneseo.
For Secretary and Treasurer, T. D. Fitch, Kewanee.

M. G. Lyman, Geneseo, C. H. Gran, Andover, J. M. Winn, Wethersfield, Censors.

The Annual Address by Dr. Ludington, on the Rise and Progress of the Science of Medicine.

On motion of Dr. Hays, of Rock Island, a vote of thanks was paid Dr. Ludington for his address.

Dr. G. M. Austin, of Kewanee, was proposed by Dr. Fitch; whose proposition was referred to the Censors, who reported favorably. On motion of Dr. Fitch, Dr. Austin was admitted a member.

The Committee on Fee Bill reported, and, on motion of Dr. Winn, it was taken up *seriatim*, which resulted as follows:—

Town visits, $1.
Each additional visit same day, 50c.
Office prescriptions, with or without medicine, 50c. to $5.
Country visits, first mile, $1, each additional mile, 50c.
Night visits, in addition to the above, 50 per cent.
Consultation visits in town, $5; in country, mileage.
Obstetrical cases in town, from $5 to $10.
In the country, mileage additional.

Operations in minor surgery, from 50c. to $5.
Reducing dislocations, from $3 to $15.
Amputations, from $5 to $200.
Venereal cases, from $5 to $50.
Capital operations, from $25 to $500.

MEMBERS AND SUBSCRIBERS.

A. A. Dunn,
R. J. Stough,
T. D. Fitch,
N. Holton,
H. Ludington,
M. G. Lyman,
C. H. Gran,
J. M. Winn,
G. M. Austin,
J. G. Lamper,
H. C. Morey,
J. R. Hays,
G. P. Dimmitt,
E. Gaylord,
O. H. Edwards.

Report of cases by Drs. Dunn, Stough, Fitch, Gran, and Hays.

The following resolution by Dr. Ludington, was read and adopted *una voce*:—

1st. That 500 pamphlets be printed, containing the Constitution and By-Laws of the Henry County Medical Society; the minutes of this meeting; the tariff of charges, with each member's name attached, and the Code of Ethics. The expense to be mutually borne, and each member furnished his proportion of said pamphlets.

2d. That the minutes of this meeting, and the tariff of charges with the names attached, be published in the county papers, and the *N.-W. Medical and Surgical Journal.*

On motion of Dr. Stough, Society adjourned to meet in Geneseo, on the first Monday in September, 1856, at 10 o'clock, A.M.

A. A. DUNN, M.D., *President.*

T. D. Fitch, M.D., *Secretary.*

EDITORIAL.

Illinois State Medical Society.

We devote all the space usually assigned to selected matter in the present number of the *Journal*, to the record of proceedings of the State Medical Society, at its recent annual meeting. The meeting in Vandalia was a very pleasant one. The Committee of Arrangements provided a very good room for the accommodation of the Society, and discharged all their duties with fidelity. The whole number in attendance was about *thirty*, mostly from the middle and southern counties:

indeed, we do not recollect the presence of a single delegate from the northern part of the State, except the *four* from Chicago. We think those members of the Society at Joliet, Ottawa, Rockford, Mt. Morris, &c., who had taken an active part in the previous meetings, committed a great mistake in not going to Vandalia. They thereby lost the opportunity of visiting one of the most pleasant parts of the State, and of forming the acquaintance of a larger number of physicians from the southern counties than at any previous meeting.

The proceedings of the meeting were characterized by the most cordial good feeling, and close attention to the proper business of the Society. The transactions will be published at an early day, and will contain matter of interest to every physician in the State.

Controversy.

Our paragraph in the May number of this *Journal*, in relation to one in the Buffalo *Journal*, has called out three more pages from Dr. Palmer, in the columns of the *Peninsular Journal* for June. It is a re-hash of his former personal accusations, diluted to about the *fifth* Homœpathic *attenuation*.

The only remark we have to make on the subject at present, is, that any editor who repeatedly publishes to his readers the assertions, that his neighbor has used in controversy "*false* and *abusive* language"—has made "*untruthful* statements, *false* accusations, and *bitter bursts* of feeling"—has passed "to the extreme of *rude discourtesy* and *reckless mis-statements*"—and has been "his (the editor's) unjust accuser, nay his *bitter traducer:*" and yet, when called upon to do so, entirely refuses to place before his readers the identical language which he thus styles "false and abusive"—"untruthful"—"reckless," and *bitterly traducing*, is destitute of those ordinary principles of honor which should control the intercourse between intelligent men, and is, consequently, unworthy of any notice whatever.

Professional Changes.

Thomas D. Mutter, M.D., for many years the able Professor of Surgery in Jefferson Medical College, Philadelphia, has resigned on account of failing health; and Prof. S. D. Gross, of Louisville, Ky., has been appointed to fill the vacancy.

Prof. A. Flint has resigned the Chair of Practice in the University of Louisville, and accepted the Chair of Clinical Medicine and Pathology in connection with the Medical Department of the University of Buffalo, where he has long resided.

Prof. H. A. Ackley, who has occupied the Chair of Surgery in the Cleveland Medical College, since the organization of the School, has resigned.

New Journal.

The *Western Journal of Medicine*, for many years published at Louisville, Ky., has been discontinued, and in its place we have before us Volume I, Number 1, of the *Louisville Review*, a bi-monthly journal of practical medicine and surgery, edited by S. D. Gross, M.D., Professor of Surgery in the University of Louisville, and T. G. Richardson, M.D., Demonstrator of Anatomy in the University of Louisville.

The *Review* contains 144 pages, is gotten up in the best style of the typographic art, and from the well-known talent of its editors will doubtless command an extensive patronage. The present number contains a lengthy review of Mansfield's Memoir on the Life and Services of the late Dr. Drake, accompanied by a good engraved likeness; a review of the Life and Times of Dr. August Gottlieb Richter; and of Dr. Budd on the Diseases of the Stomach. These are all ably-written and interesting papers. It is the design of the editors to give the review department of this journal greater prominence than is usual with the journals of this country.

Patent Medicines.

We ask attention to the following, which first appeared in the *New York Journal of Medicine and Collateral Sciences.* It shows very clearly that probably four-fifths of the medicines and nostrums, sold under the pretended protection and importance of a patent or copyright, are entirely destitute of any such legal protection and fraudulent. It is a subject on which both the profession and the community should be better informed.

"*The Sale of Patent Medicines a Violation of Law—Important Communication from the Clerk of the District Court of the Northern District of New York.*

"The following correspondence, which we now for the first time make public, clearly establishes the fact, that the traffic in patent medicines (one of the greatest curses from which the community suffers, by the imposition of empirics,) is done under the most shallow pretence of legality. It has always been a mystery to us how honest men could be so heedless of public good, as to legalize the indiscriminate sale of such dangerous compounds as many of these nostrums are; but we here have explained the whole secret. As might have been anticipated, from the character of the men engaged in their manufacture, the sale of these drugs is effected fraudulently.

"We trust some measure will be taken to put a stop to the sale of these vile compounds, and bring to justice the violators of law, who poison public health and grow rich thereby. As these nostrums are not truly patented, the secret of their preparation being studiously withheld in defiance of the explicit declaration of our Patent Laws, we would suggest the passage of a law imposing a heavy penalty for the sale of 'patented' medicines, when in fact they are not patented, and allow half the fine recovered to the informer. It would be a truly philanthropic effort, worthy a Howard, or a Mrs. Fry, to secure the community from this terrible infliction of the sale and use of 'patent' medicines.

"We cannot sufficiently express our admiration of Mr. Conkling's integrity and enlightened discharge of his official duties. For several years he has uniformly refused to grant these applications to patent labels, from a conscientious belief in the illegality of such proceedings, and a conviction of the worthless character of such compounds. During this time he has not only sacrificed the income which is due from such grants, but incurred the odium and bitter hatred of this miserable class of impostors. In behalf of the medical profession we tender our acknowledgements for the service he has thus rendered directly to the community at large, and indirectly to legitimate medicine.

"From the annexed 'circular,' it will be seen that Mr. Conkling's views of the Patent Laws are endorsed by the State Department, and instructions in conformity therewith have been promptly issued by Mr. Secretary Marcy.—*Eds. New York Journal of Medicine.*"

"BUFFALO, March, 1856.

"*Dear Sir*—Will you do me the personal favor to furnish me with a written statement of your views on the subject of copyrights for labels, etc., as expressed to me in a conversation yesterday.

"Coming from a gentleman of your rank and position, I am certain that they would possess interest; and I would like to give them publicity through some of our medical journals.

"Sincerely wishing that the public had many more such faithful servants, I remain yours truly,

FRANK H. HAMILTON.

AURELIAN CONKLING, Esq."

"CLERK'S OFFICE, *Dist. Court of the U. S., for the Northern District of New York.*
BUFFALO, March 18, 1856.

"*Dear Sir*—I am much obliged for the interest manifested by you in the subject with which I lately troubled you; and although it is probable that in your politeness you over-estimate the importance of the views expressed to you, and of those contained in my letter to the Hon. S. G. Haven, still it is possible that they may be useful to others, and I therefore proceed to repeat them here, for such use as you may deem expedient. I am much pleased with the polite interest you manifest in the subject under consideration, because I regret to say I have heretofore experienced very different treatment from some persons who have found their way into your profession, and who not only so far forgot their professional obligations as to manufacture nostrums, but who are also guilty of low abuse of an officer whose sense of duty would not admit of his being made instrumental, improperly, in imposing their mixtures upon the public.

"The immediate purpose of my letter to our representative in Congress, was to invoke the attention of the Department of State to what, it seems to me, is a great abuse and perversion of the provisions of law in relation to *copyrights.* The subject of copyrights is under the general supervision and control of the State Department of the United States; and officers who have subordinate duties to perform must, to some extent, be subject to directions and instructions from that department. Applications are frequently made to me to record, under the provisions of law above alluded to, labels of medicines, compounds, and mixtures, of different grades of pretension, from an 'elixir of life,' or a 'diarrhœa cordial,' to a hair-dye or a corn-salve.

"Upon the occurrence of the first application of this sort, a number of years ago, being asked my reasons for refusing to treat t[illegible] as one embraced in the provisions of the Act, entitled 'An Act to amend the several Acts respecting copy rights,' I made the following reply, a recital in part of which will express the views which have ever since governed me upon the subject.

"'I am sorry that my views of the Act of Congress, abovementioned, are such as to interfere with your interest or wishes.

'It is not the province of Clerk of the District Court to *grant* anything. His duties are ministerial, and upon the subject of copyrights he is bound to do what he is directed to do by the Act of Congress.

'If I should record the *label* sent by you, and should send you a certificate of the fact, I would thereby *grant* you nothing, nor would you gain anything, unless the Act of Congress embraces such a subject.

'I have examined with considerable care the Act of Congress abovementioned, and I will state some of my views upon it, from which you will infer that I do not think proper to record a *label* under that Act.

'My opinion is, that the *map, chart, musical composition, print, cut, or engraving*, must have a value as such, and be intended for sale as such; that whichever it may be, print, cut, or engraving, *it* must have a *title* applicable to itself, which is to be recorded.

'I am also of opinion that the Act of Congress was designed to promote the acquisition and diffusion of knowledge, and to encourage the production and publication of works of art, the general purpose being to advance the people in civilization and refinement.

'I think, furthermore, that, by the Act to which I have referred, Congress did not intend to prevent the imitations of the stamps and labels of any manufactured article, or goods, or merchandise. That is a subject of such extensive interest and importance, that, if it had been the intention of Congress to embrace it in the provisions of the law, that intention would have been distinctly and unequivocally manifested. It is not likely, however, that such a provision by Congress will ever be found so much out of place as it would be in *An Act to amend the several Acts respecting* COPYRIGHTS.

'Furthermore, I am quite certain that Congress did not intend that this Act should be so prostituted as to be made instrumental in deluding the ignorant and inconsiderate into the purchase and use of the various nostrums, catholicons, and panaceas, which are so much worse than useless to the community.'

"It is the practice, I am informed, in many of the Judicial Districts, to make records of such labels as are abovementioned, and I suppose it is done to avoid the trouble and ill-will engendered by a refusal. It is entirely clear, however, that such a practice is not in accordance with the intention and design of the Act of Congress abovementioned; and I have no doubt that if the mischiefs of the practice were realized, it would be discontinued.

"The course of proceeding abovementioned, is that by which almost the whole number of the miscalled 'patent medicines' are brought forth. It would seem to be unnecessary to state, that there is no force or validity whatever in this proceeding for such pretended purpose.

"There are means provided in the Patent Laws for securing to any individual the exclusive right to 'any new and useful art, machine, manufacture, or composition of matter, or any new and useful improvement on any art, machine, manufacture, or composition of matter,' which he may invent: and the necessary requirements, in order to accomplish the purposes, are clearly and definitely prescribed as follows—'But before any inventor shall receive a patent for any such new invention or discovery, he shall deliver a written description of his invention or discovery, and of the manner and process of making, constructing, using, and compounding the same, in such full, clear, and exact terms, avoiding unnecessary prolixity, as to enable a person skilled in the art or science to which it pertains, or with which it is most clearly connected, to make, construct, and use the same.'

"The Act also provides, that the inventor shall accompany his application 'with specimens of ingredients, and of the composition of matter, sufficient in quantity for the purpose of experiment, where invention or discovery is of composition of matter.' The Act also provides, that the applicant shall make oath, that he does not know or believe that the composition of matter was ever before known or used. These, and the other requirements of the law being complied with, provision is made for a critical examination into the merits and character of the alleged invention; and 'if the commissioner shall deem it to be sufficiently useful and important, it shall be his duty to issue a patent therefor.' This, it will be perceived, is a different course of procedure from that of filing a label, not even indicative of the character of the compound it is to cover. The law, it will be perceived, provides for a truthful statement of the ingredients and proportions of every patented compound. The purposes and effect of the provision are twofold. In the first place, the means are afforded for an intelligent and careful examination into the compound, in order to determine whether it is worthy of the countenance of the Government; and, secondly, after the termination of the duration of the privileges secured by the letters patent, the necessary knowledge is at hand to make the invention directly available to the public, by furnishing to all a knowledge of its ingredients and mode of preparation. Moreover, the 'letters patent' themselves, in accordance with their true purport, contain a plain statement of these particulars. There is something *open* in these requirements, and in the whole course of proceeding marked out in relation to patents; and the fact is, just as one would suppose, that there are really very few 'patent medicines.' Those medicines, sold as such, are nearly all of them utterly destitute of any real basis for the pretence under which they are imposed upon the public.

"If the practice of recording labels of medicines shall be discontinued in the clerk's offices, one important step will be taken towards clearing away the delusion which prevails upon the subject. And if your profession, with that true regard for the general public good which characterizes its *worthy* members, will take the subject in hand, I have no doubt that you can obtain the enactment of penalties against the sale of any medicines under the pretence that they are, when in truth they are not, patent medicines. There has been legislation to prevent the adulteration of medicines; but it seems to me, that it is a more important end to shield the people against the miserable mixtures which, as things are now managed, are, by the apparent encouragement of the Government, imposed upon them. I regret, dear Sir, that this letter has necessarily been so hasty; I do not mean, however, to intimate that its positions are not deliberately taken. Very respectfully,

Your obedient servant,

DR. FRANK H. HAMILTON." AURELIAN CONKLING.

"CIRCULAR.

DEPARTMENT OF STATE,
WASHINGTON, April 11, 1856.

Clerk of the District Court of the United States.

"*Sir*—The Act of Congress, approved February 3, 1831, entitled, 'An Act to amend the several Acts respecting copy-rights,' is 'An Act for the *encouragement of learning*, by securing the copies of maps, charts, and books, etc., to the authors and proprietors of such copies;' and inasmuch as mere *labels* are not comprehended within the meaning of said Act, you will for the future refuse, in all cases, to record or issue a certificate for the same under said Act. I am, Sir, very respectfully,

Your obedient servant,
W. L. MARCY."

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. AUGUST, 1856. NO. 8.

ORIGINAL COMMUNICATIONS.

Report of the Committee on Practical Medicine. By SAMUEL THOMPSON, M.D., of Albion, Edwards County, Ill. Presented to the State Medical Society.

The Committee on Practical Medicine and Epidemics, of the Illinois State Medical Society, appointed in June, 1855, submit the following imperfect report:—

Under any circumstances the duties of this committee are arduous and perplexing; but, in the present instance, that difficulty has been greatly enhanced by the unfortunate delay in publishing the Transactions of the Society for last year: so that your committee were ignorant of the duties expected of them till the latter end of March. A question even arose to part of them, whether *any* report could be attempted; but it was considered, that, though no "specific pledge," had been given, a report of some kind should be forthcoming—that an understood pledge was always in existence, that members of this Society, to whom duties are delegated, shall, one or other of them, to the best of their abilities, perform the duties required. Therefore, upon receiving notice of appointment, circulars were printed and forwarded to various members of the profession in different parts of the State, soliciting facts and nformation. But, as in 1851, we did not receive fifty replies o hundreds of circulars; and, as in 1855, the committee (Dr. Roe, chairman) state that they received *a few, a very few replies:* so it has been this present year, we have received but *six* letters, and are, therefore, in our report, confined to the materials furnished by these six gentlemen—to what the medical journals supply—and to the personal experience of your committee. And here we must remark, that, while grateful to those gentlemen for *any* assistance, yet there is a sad deficiency in some of their reports of those details, of which *alone* sound statistics can be formed, and upon which statistics *only*, so formed, sound deductions can be based: and we presume it is not claiming too high an object for the reports of the various committees appointed by this Society to assume, that they are intended to be, and ought to be, *our State's contributions* to the wealth of our profession.

Now, when we can scarcely open a volume of periodical or systematic medical literature without finding such diversities of opinion in reference to the *one* subject of typhoid fever alone, as actually to render its absolute identification a matter of no small difficulty; when, in reference to its diagnosis, the most eminent and experienced in our profession disagree, or, to use the words of Prof. Davis, "there is no agreement among writers as to what shall be called typhoid fever," (see *N. W. Journal*, Nov., 1853, p. 451;) and when the first question a man asks himself, when reading an article under that caption, is, Well, but what does the writer understand by the term? when such is the condition of the professional mind, it becomes doubly important that our records should not be of typhoid fever, (we name typhoid fever only as an example,) for it is a name that defines nothing, but of certain symptoms, conditions, and effects, constituting the disease we so define. Thus, by collecting from many quarters the many descriptions of a disease occurring in many places, we should find out whether we were all really talking about the same thing, or of *various* disorders under one common name. Hence, was the question in our circular worded—"Has typhoid fever occurred in your neighborhood?—Describe what were the symptoms and treatment." We considered that many descriptions, from many distant places, would, by comparison, have shewn the identity or diversity of the things spoken of. But one gentleman, who has supplied quite an important contribution to this report, says "typhoid fever occurred here quite malignantly in the year

1848, &c.," and goes on to give the *treatment*. But, your committee had hoped to have collected facts—not opinions; details — not conclusions. The celebrated John Armstrong asserted, that there were more false facts than false theories in medicine; and we believe it: and there is no doubt but that loose observations, careless records, and careless generalizations can lead to nothing but error. But it is careful observations recorded, not remembered, that are needed as contributions to medical science. It is very true, that it is very difficult for a physician, in daily, laborious, and extensive practice to examine carefully, amid all the noises and confusion of a country log-cabin, with the cooking, and creaking, and squealing around, and as difficult to record carefully such observations when made; but they are necessary, and will well repay the labor. And, now, having let off our ill-humor in scolding, and admonition, and advice, *all* unpalatable doses, we will endeavor to arrange into something like form the scanty materials we have before us.

We begin with that class of diseases which, upon the democratic principle of the rights of majorities, has a right to precedence, namely, Periodic Fevers, which appear to have been more extensively prevalent during 1855 than at any previous period. Dr. Harris, of Ottawa, states, that by far the most usual diseases in his vicinity are those of a malarious origin, including remittents, intermittents, and pernicious fevers, and occurring chiefly during the months of August, September, October, and November; but that, during the last two years, they have occurred at all seasons of the year, especially during the past winter. He places his chief dependence in the treatment on quinine, though occasionally cases occurred which would not yield to quinine, and in these cases he has been in the habit of combining several anti-periodics, as follows:—Quinine, salacine, bebeerine, piperine, sulph. zinci, aa, gr. x., in pills x., one every two hours; to be repeated in some cases the next day. He prefers giving quinine in solution, thus:—Quinine, ℈j.; morph. sulph., gr. j.; acid sulph. aro., 9, s.; syrup rhei. comp.. ℥j.; a teaspoonful every two hours. Dr. Vincenz, of Millstadt, St. Clair County, reports that the months of August, September, and October constitute their sickly season.

That the diseases are intermittent or remittent fevers, with more or less of bilious symptoms; that happily they are very amenable to the following treatment:—Calomel, gr. x.; vel ℈j., and rhubarb or jalap the same quantities; followed, if necessary, by castor oil, frequent sponging with cold water, till the dry, hot skin gets cool, soft, and moist. In the morning, at two or three o'clock, he gives quinine, gr. vi., and repeats every two hours till three doses are taken. He prefers giving the quinine thus early in the morning, because that usually, even in continued fevers, there is some abatement of febrile symptoms at that time; but, nevertheless, considers it perfectly safe to give the quinine at any time, if desirable, *provided* cold water is at the same time applied liberally both externally and internally. In some cases he prefers administering an emetic before the purgative powder. He remarks also upon the liability to relapses, upon any fatigue or indiscretion, about the tenth or twelfth days; and in such cases he gives from 6 to 9 grs. quinine at bedtime, a week after the fever has been broken, and repeats it at intervals of a week for three or four times. He also confirms the opinion, that a greater number of cases of periodic fevers occurred last year than he has known during a residence in Millstadt of eleven years. Connected with the unusual prevalence of periodic diseases last year, we had anticipated much interesting information and instructive details from our correspondent at Vandalia (Dr. F. B. Haller); but he briefly states: "The topography of our county is such as to indicate the diseases usually occurring in it, having the Okaw river extending through the centre, with a bottom, on an average, two miles wide, filled with lakes and lagoons, and always subject to inundation whenever we have a freshet; this produces bilious, remittent, intermittent, and congestive fevers, the most usual of which occur throughout the whole year, and to a great extent modifies all our diseases, and are the prevailing diseases through the summer and autumn months. They are much more common when we have a wet summer, and a dry, warm fall, and pretty much subside as cold weather sets in."

From Dr. H. R. Payne, of Marshall, Clark County, we have received a valuable paper, from which we shall levy considerable contributions. He says:—

"The most prevalent diseases we have, are those of a malarious origin, intermitting and remitting fevers. This, however, needs some qualification. The situation of Marshall is on an elevated ridge of what is called 'barren land,' on the east of us flows a stream some three miles distance, and the soil of the same character as the Wabash bottoms. This stream empties into the Wabash river east of us at its nearest approach to us. On our west, at a distance of three miles, flows another stream, the bottoms of which are also subject to overflow. Up to the last season, the persons living on the barren lands have enjoyed comparative immunity from intermittent or remittent fevers, the sickness being chiefly confined to the bottom lands by the streams just alluded to and to the Wabash bottom. Last season, however, the order of things was reversed. There was comparative immunity in the bottoms, but almost universal sickness on the barrens. We suffered probably less at Marshall than at any other point: both north and south of us nearly *every* family was attacked, and in many instances every member was prostrated. I ascribe this to the fact, that our town is situated on an elevated point; there being a gradual inclination in each direction the water was soon carried off, whilst in the other localities, possessing the same character of soil, the land was flat, allowing the water to stand and stagnate. The sickness broke out in the latter part of July, and continued without much cessation until the middle of November. The sickness I ascribe to the heavy rains, commencing in the early part of the spring season and continuing more or less up to the month of July: an unusual amount of vegetation sprung up, which readily decomposed, the heavy rains being followed by very warm, sultry days. The symptoms and cause varied but little from the symptoms of remitting and intermitting fever as they usually occur. The prognosis was in all cases favorable, with the exception of those cases complicated with typhoid symptoms; these complications occurring later in the season. The complication of typhoid symptoms made the disease much more formidable; and where it occurred in persons of a broken-down or debilitated constitution, made it still more unfavorable, proving fatal in several instances. One case, I have in view, was attacked with intermitting fever about the 10th October: he regarded it as nothing serious, and hence paid but little attention to it, probably took a dose of purgative medicine. In about four days from the commencement of the intermitting fever, typhoid or nervous symptoms developed themselves, which proved fatal in some seven days. His constitution was much shattered by previous sickness; but I am well satisfied, had quinine and blue mass been given at the proper time, they would entirely have prevented the development of typhoid symptoms. After the disease had assumed this form, the following were the characteristic symptoms: tongue dry and red at tip and edges, with a yellow bilious coating closely adherent in the centre; pulse 130 at its height, easily compressed, but followed by slight remissions in the morning; delirium greatest during the exacerabation of the fever; great susceptibility to the action of purgative medicines, even blue mass, without it was combined with opium, was followed in four or five hours by copious offensive watery stools; subsultus tendinum commenced early and became violent as the disease advanced; hardness of hearing was prominent; late in the disease great distention of the bowels; epistaxis presented itself early in the disease before the typhoid symptoms set in. The patient sank into a stupor from which he could not be aroused, and died on the morning of the eighth day from the time the typhoid symptoms first presented themselves."

A number of other cases, in the hands of different practitioners, proved fatal with the same symptoms.

"The prognosis in such cases was always unfavorable; but there were a number of cases, occurring in more vigorous persons, the majority recovering. The proportion of deaths, including all these cases, from what I can learn, is about 1 in every 6 or 7. Of the purely *bilious* forms of fever, there were no deaths; these cases were mostly arrested in from three to seven days by the use of calomel or blue mass, followed by quinine during the intermission. Those cases complicated with *decided* typhoid symptoms, required a different treatment. Calomel was given in smaller doses and combined with opium; quinine was also administered more for its *tonic* effect, as it utterly failed in *every* case in which it was given to break up or cut short the disease. The treatment was upon the whole expectant, varying but little from the course recommended by Dr. Wood in his article on Enteric or Typhoid Fever. Of the congestive form of fever there occurred in my practice several cases; all of these recovered: the basis of treatment was calomel and quinine; external applications, such as mustard to the spine and extremities, were used to restore reaction, and, where required, internal stimulants were administered.

Dr. McBane, of Metropolis City, in a very brief letter, (and from a man of his experience we ought to have received much valuable information,) states, that chill and fever, ague, &c., usually prevail in the marshy districts during the last four fall months, but that in the past season they continued till March last, and are rarely fatal. That, "after all extreme changes from hot to cold, we have many cases of congestive chills and fevers, often terminating in typhoid pneumonia, if not fatally." Of the treatment, or the special symptoms, he says nothing.

From Dr. Nance, of Lafayette, Stark County, we have received a very copious and valuable paper, which we append to this report. He states, that in his neighborhood, (refer to the topography in his letter,) during the latter part of summer and all autumn, miasmatic diseases prevail most extensively, consisting of intermittents and remittents, and some cases of congestive fever, and pernicious intermittents. That he considers the character of the previous weather determines the class of sickness; that frequent showers, followed by hot sunshine, if the weather has been previously dry, seem to develop periodic disorder; and that he is confident that these diseases have not prevailed in the same ratio since 1846, when the type was very analagous. That in both years he adopted pretty much the same treatment, to-wit: mercury and quinine, with the difference that this year he also gave a fair trial to the *Sulphate of Cinchonæ*, and is satisfied that it possesses many, if not equal advantages with the quinine. That, in 1855, complications but rarely occurred; while, in 1854, nearly all intermittents were complicated with diarrhœa. The Doctor does not say what was the usual condition of the alvine discharges during the past season, but he remarks that the prognosis was usually favorable and no sequelæ; but that relapses were frequent, without a continuation for 14 or 21 days of the quinine or the cinchonæ, and even then an occasional relapse occurred. We like the plan of Dr. Vincenz better. But it might, we think, fairly be asked, were these returns of the same disease always to be considered as relapses, seeing that the individuals were all the time exposed to the same causes which produced the first attack? We confess we doubt it.

The only information in regard to periodical fevers in Chicago, during the past season, we find in Prof. Davis' very able and valuable report to the Cook County Medical Society, in October last, upon the Sanitary Characteristics of Chicago. Therein he remarks, "That attacks of ordinary intermittent and remittent fevers have been more frequent during the month of September than for several years past." We suppose, therefore, Chicago, to a great extent, escaped the general endemic influence.

Under this head, we presume, should also be noticed an article in the *North-Western Journal* for January, 1856, by A. E. Goodwin, M.D., of Rockford, Ill., upon Intermittents and their Remedies; and while, with the editors of that journal, we are pleased to see attention directed to our indigenous medical botany; and while we fully coincide in the author's detestation of hobbyism, we confess we cannot hear our old friend Quinine so disrespectfully treated without speaking up in his defence. For ourselves, we are bound to say, that he is a good and trusty friend who never fails to do good service whenever he is applied to under proper circumstances. That it would be very desirable to find some other friends as good and trustworthy, we cheerfully admit: but to say, that, so far as has yet been proved, "There are *equally as good* and *better* remedies than cinchona or its alkaloids, for fever and ague;" "that it is not the specific par excellence; that we have indigenous remedies far preferable as a curative, as feasible preparations, and at less expense;" "that quinine will stop the chill, but that other remedies are more certain and reliable:"—to such statements we must beg to demur, and to express our fear that Dr. Goodwin in avoiding one hobby has mounted another, and one that looks very much as if it had been kept in the stable of an eclectic steamer. As regards the articles enumerated in his paper, we presume there are few of the profession in the West but who are acquainted with them, and who, while admitting their tonic properties, and in some degree their antiperiodic powers, are fully aware of one great objection to their use, viz.: the bulk such preparations occupy, and the difficulty therefore in many cases of administering them, where the patient is fastidious or where nausea exists, besides the uncertainty of the strength of any given parcel. As regards salacine, we have, during the past summer, tried it in several cases, but were greatly disappointed, while the large quantity required rendered its administration inconvenient. The decoction of hickory, willow, and dogwood barks, and sometimes even with the addition of whisky, (not having the fear of our friend Dr. Davis before our eyes,) has been a common recommendation of the Chairman of this Committee for many years past, as a prophylactic in the fall season, for persons living on low overflowed lands, or in their vicinity. As regards another remedy, to which attention has only recently been much directed, viz., the sulph. cinchonæ, we are pleased to be able to confirm the testimony of Dr. Nance, of Lafayette, already quoted. We tried it, during the past fall and spring, in several cases, with successful results; and though our experience, so far, would not lead us to ascribe to it the same power as an antiperiodic, or the same sedative effects upon the vascular system that quinine possesses, yet it has the advantage of not producing such unpleasant cerebral sensations, is cheaper, and, therefore, where a tonic of this class is required, especially as a prophylactic, we consider it deserving of preference. We have generally administered it according to the following formula, derived from a paper in the *American Journal of Medical Sciences*, for January, 1856, page 269 to 275; it is the same used at the Philadelphia Dispensary, by Dr. George Martin, and is as follows:—Sulph. cinchonæ, grs. xxxij.; tinct. ferri murf, ℥ ss.; aquæ, ℥ iv.; to this we added about 10 drops muriatic acid, and generally 1 grain muriate of morphia, directing a large tablespoonful to be given in water three times a day to an adult—the combination of the chalybeate doubtless adding greatly to its virtues when used as a preventive of relapse.

And now, in regard to the statistics and experience of the past season in Periodic Diseases, your committee have access to but one other source, viz., the Chairman's own notes: these for simplicity's sake have been tabulated. They begin on 1st Jan., 1855, and to avoid fresh numbering throughout we will take them from the beginning, as indeed they include only 11 cases of periodic disease prior to 7th June last. We proposed at first to have copied into this report the symptoms and treatment of each case, but finding that would have doubled the bulk of what is anyhow a voluminous document, we have merely noted the prominent peculiar symptoms; and the general tenor of treatment alone is given in a few lines at the end. The object of constructing this table was to present for future reference a fair picture of the ages and sex of those attacked, with the type of disease and its tendencies, the liability to relapse, and the results of treatment. Could we also have supplied, as Dr. Davis has done, accurate meteorological records to accompany it, its value we think would have been considerable. It is rarely such an opportunity presents for observing this class of diseases as was presented last year; and though not generally regarded as a grave disease, we all know how soon, by neglect or mismanagement, it may pass into one of the most fatal destroyers of human life. To place, therefore, on file the statistics of its operations in a large number of cases, we have thought desirable. These tables comprise 356 cases of intermittent, remittent, congestive, and pernicious fevers, treated between 1st Jan. 1855, and 17th May, 1856. We would remark, that, in some few cases, the ages have been presumed from personal knowledge, but cannot be far from the truth. In some other cases, the type and the sex were omitted in the notes: these cases must go for what they are worth. Three patients died:—cases 53 and 153 succumbed the night after prescription; the first would not take *any* medicine; the other was dead when the messenger got back with the medicine —case 111 died in two days after first seen; she had been sick many days under the tender mercies of quacks.

In some of the systematic writers (see *Cyclopædia of Practical Medicine,* Art. Intermittent Fever,) it is stated, that the paroxysm of quotidian is early in the morning. These tables will show the error of this opinion. Again—it is the opinion of my colleague, Dr. Harris, and of many others, "that our fevers gradually assume a graver type from September to January," but that they *all* belong to the Periodic family. Will these tedious tables support this view? The gravest cases and the most protracted, with one or two exceptions, occurred in September and October; whilst in November, December, and January, &c., the cases were mostly simple intermittents—relapses in many cases, and soon dismissed. Another fact is presented, that sometimes, for many days, all the cases would be of one type and then change, nearly every case for some days after presenting another type. Occasionally, chiefly females were attacked; again, at another time, it was males that were the sufferers. We do not attempt to speculate on the causes of these diversities—till we extracted the cases into these tables, we had not recognized these facts ourselves.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
1	Jan. 1,	8	male	tertian	chill in morning.
2	18	3		quotidian	remittent at 4 P.M., costive.
3	16	8	female	"	" delirium during fever, costive.
4	16	9	female	tertian	intermittent, relapse was quotidian. Tongue red at edges.
5	17, 18	3	female	irregular	remittent, fever all the time, skin hot, face flushed, pulse 140.
6	Jan. 28, and Feb. 5	26	female	irregular	had remittent fever all last summer; is anœmic, anasarcous, urine scanty, has cough, is faint and chilly, costive.
7	March 24	35	female	quotidian	sun pain.
8	April 2	60	"	"	chills, with catarrh.
9	9	24	"	d'[illegible]e tertian	tremblings and pains in bones twice in 24 hours.
10	9	30	[illegible]	[illegible]n	chills.
11	May 26, 29, & June 28, & Aug. 18.	16 m[illegible]			chills, with dysentery, which during its several relapses became a white diarrhœa.
12	June 7	60	female	quotidian	chill, intense pain in right side of abdomen, with syncope.
13	June 6, 11	2½	female	quotidian	chills, diarrhœa.
14	July 2	30	"	"	had chills for months, been under quacks, is asthmatic and anœmic.
15	5, 6, 8	60	female	quotidian	remittent, with great intestinal irritation and prostration, costive.
16	5, 6, 8	62	male	tertian	intermittent, breath fetid, quacking.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
17	July 10	25	female	quotidian	remittent, diarrhœa, stools lead-colored, has a congestive tendency, anœmic.
18	12	55	female	quotidian	remittent, habitually costive.
19	16, 17	4 mo.	female	"	intermittent, green diarrhœa.
20	17	35	male	"	"
21	20	16 mo.	"	"	" vomiting, diarrhœa.
22	19	4	female	tertian	remittent
23	20, 22	25	male	"	intermittent
24	21	4	female	quotidian	remittent, cold clammy sweats, hemorrhage from bowels and nose, diarrhœa.
25	23	84	female	quotidian	intermittent, congestive epilepsy during chill.
26	27	14	male	tertian	remittent.
27	30, and Aug. 4, 5	48	"	quotidian	remittent, with neuralgia of skin, and sciatic nerve.
28	July 30	18	female	tertian	intermittent.
29	July 30, and Aug. 1, 8	45	"	"	remittent.
30	July 31	50	male	"	" congestive tendency.
31	Aug. 2, 5	40	"	"	" chills aggravating.
32	Aug. 2, 3, 4, 5, 6, 7, 8, 9, 10, 12	40	"	quotidian	intermittent, pernicious, hemorrhage from bowels.
33	Aug. 2, 4	12		quotidian	intermittent.
34	3, 5, 8, 9	18 mo.	female	"	" diarrhœa.
35	3, 4	4	"		remittent, costive.
36	4, 5, 6, 7	35	male	"	intermittent; chill, fever, and sweat all at once; vomits bile.
37	Aug. 4, 5, 6, 7, 8, 9, 10, 11,	10	male		intermittent, general anasarca.
38	Aug. 4, 5	5	male	quotidian	intermittent, congestive stupor.
39	Aug. 7,8,9,10	9	"	"	intermittent, diarrhœa.
40	Aug. 3, 4, 5, 6, 9	12	"	"	remittent, costive.
41	Aug. 5	45	female	quotidian	intermittent, pregnant.
42	6	25	"	tertian	" relapse 17.
43	6	2	"	"	" diarrhœa.
44	6	25	"	"	"
45	6, 7, 8	55	"	quotidian	intermittent, chills protracted, fever and sweat slight, pain in hypogastrium.
46	7	32	male	quotidian	remittent, shiverings alternating with fever all day.
47	7, 16	2 wks.		"	remittent, cholera infantum.
48	8	20	male	"	remittent.
49	9, 10, 12	25	"	"	intermittent, chills very protracted and anticipating fever very high, very little sweat, vomiting.
50	9, 10, 12	24	female	quotidian.	intermittent "
51	9, 10, 12	4	"	"	" "
52	9	4	male	"	" cholera infantum.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
53	Aug. 12	30	male	quotidian.	intermittent, sick a week, this morning chill, fever and sweat all at once, dysentery, intense abdominal pain, *died at night.*
54	Aug. 12, 13, 15, 17	50	male	tertian	intermittent, but after first chill they became indistinct; fever gradually came on about 4 P.M., pain in abdomen; stools like cholera, mixed with blood; intense pain in head.
55	Aug. 13, 15	40	female	quotidian	intermittent, costive, icterode, vomiting.
56	13	21	"	"	remittent, choleraic symptoms.
57	13	20	"	"	intermittent, faintness during chills.
58	Aug. 14, 15, 16, 17	10	"	"	congestive remittent, skin hot and sweaty, shivering and high fever; stools dark, with much venous blood.
59	15	24	female	quotidian	remittent, shivering and high fever.
60	15	25	"	"	remittent, shivering and high fever, vertigo.
61	15	28	male	"	remittent, shivering and high fever.
62	16, 19	60	female	tertian	intermittent, intense pain in toes during chill.
63	16, 19	20	"	quotidian	remittent, diarrhœa, hands cold all the time.
64	16	28	male	tertian	intermittent.
65	18, 19	3	"	"	" diarrhœa.
66	18	45	"	quotidian	"
67	22	40	"	irregular	remittent.
68	Aug. 22, 23, 24, 25, 26	54	female		first chill on 21st, fever and pain in stomach continues.
69	Aug. 31 and Sep. 6, 13, and Oct. 23	26	"	tertian	intermittent, got wet on back in a shower. Paralysis of right side came on, been so about a month.
70	Aug. 31 and Sep. 1, 2, 3	45	male	quotidian	remittent, has chills first, then fever gets more continuous, abdominal pulsations, intense frontal headache, and pain in hypochondria.
71	Aug. 31 and Sep. 1, 2	30	male	quotidian	remittent, skin hot and sweaty, but is shivering, bowels torpid, pulse very small and weak.
72	Aug. 31 and Sep. 1, 2, 17, 18, 20	5	male	quotidian	intermittent chill at noon, with convulsions; has enormous head.
73	Aug. 31, Sep. 1, 2, 3, 22, 24	4	female	quotidian	intermittent, costive.
74	Aug. 31, Sep. 1, 2	4	female	quotidian	intermittent, diarrhœa.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
75	Sep. 4	40	female	quotidian	intermittent, colicly diarrhœa with blood, been sick two weeks.
76	Sep. 5, 6, 7, 8, 10, 11, 13, Oct. 21	40	female	quotidian	intermittent, pernicious; chill of morning, becomes numb, cold, speechless, almost pulseless, then fever and sweat come together. Is suckling.
77	Sep. 6		male		chills, fever, headache.
78	6		female		" " "
79	6, 7, 8	18	"	quotidian	remittent; fever, and sweat, and shivering all the time; small weak pulse, and faintness.
80	Sep. 7, 8, 10	28	female	quotidian	remittent, fever and diarrhœa.
81	9, 11, 12	48	male	"	remittent, fever all the time, sweat and chilly.
82	9, 11, 12	8	"	1st chill	cold nearly all the time, stupor, stools like milksick.
83	9, 11	6 mo.	female	quotidian	intermittent, chills anticipating.
84	9, 11	25	"	tertian	intemittent, *relapse of* 42.
85	8, 9, 10	17	"	"	" becoming remittent.
86	10	32	"	quotidian	remittent, stools black, quackery.
87	11	10	male	"	intermittent.
88	11	8	"	"	remittent.
89	12	45	"	"	intermittent.
90	14, 20	68	"	"	"
91	14, 17	14	female	"	"
92	15	15	male	"	" has been tertian.
93	16	9	female	tertian	"
94	Sep. 16, 17, 18, 20	37	male	quotidian	remittent, fever aggravating; stools dark, offensive, like milksick.
95	Sep. 16, 17, 18, 20	28	female	quotidian	remittent, fever aggravating; stools dark, offensive, like milksick.
96	Sep. 17, 18, 20, 25, 26	17	male	1st chill	remittent, shiverings, headache, sweats, fever, and bloody diarahœa.
97	Sep. 25, 26	45	male	1st chill	remittent, shiverings, headache, sweats, fever, and bloody diarrhœa.
98	17, 18, 20	21	"	tertian	remittent, fever, headache, diarrhœa, sick a week.
99	18	25	"	quotidian	remittent, shiverings, pain in stomach and bones.
100	19		child		remittent, fever and sweats, chill not noticed.
101	19		"		remittent, fever and sweats, chill not noticed.
102	19	44	male	irregular.	remittent, at first no recognised chill, but had pain in left shoulder at certain hour, then fever, stools black and offensive, been sick 6 weeks.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
103	Sep. 19	32	female	tertian	remittent.
104	19	8	male	"	intermittent.
105	19	40	"	quotidian	remittent, shiverings, fever and sweats, intense headache, stools black.
106	19	12	male	quotidian	remittent, shiverings, fever and sweats, intense headache, stools black, anœmic.
107	21	42	female	quotidian	intermittent.
108	21, 22	2 wks.	male	"	remittent.
109	21, 22	8	female	"	remittent, intense headache, then fever, hot and dry skin, hands and feet cold all the time, stools dark.
110	21, 22	6	female	quotidian	remittent, intense fever, flushed face, chill, heavy sleep, dark scanty stools.
111	Sep. 22,23,25	56	female		sick two weeks under quacks, taken with headache, chills, fever; now skin not very hot, has bloody involuntary diarrhœa, gangrene of skin on chest from blister.
112	23	15	male		chill and high fever.
113	23	20	"	quotidian	remittent, sick a week, taken with headache, no chill observed, bowels open.
114	23	14	male	quotidian	intermittent.
115	23	20	female	"	"
116	23	2	"	"	"
117	24	25	"	tertian	"
118	24, 26	48	male	quotidian	remittent, headache, shiverings, vomiting, costive.
119	24, 26	45	female	quotidian	remittent, neuralgia of right leg and thigh, worst at 2 P.M.
120	24	10	male	quotidian	intermittent, becoming remittent.
121	24	46	"	tertian	intermittent.
122	24	17	"	"	"
123	Sep. 24, 25, 26, 27, 28. 29, 30	7	"	irregular	remittent, sick a week, quacked; taken with headache and high fever, at times hands, arms, legs, and feet cold for hours.
124	Sep. 24, 25	35	male	quotidian	remittent.
125	25	18	"	tertian	intermittent, been quacking.
126	25	14	"	quotidian	intermittent, been quacking.
127	26	16	female	"	intermittent.
128	Sep. 26, 27, 28, 29, 30, Oct. 2, 5, 9, 10, 13, 14, 15, 17, 18, 19, 20	30	male	irregular	remittent, under quack for 12 days, has diarrhœa, dysphagia, fever, stupor, sleeplessness.
129	Sep. 28	48	male	quotidian	intermittent.
130	28	15	female	"	"
131	28	12	"	tertian	"

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
132	Sep. 28,29,30	40	female	quotidian	remittent, aborted week before, flooding returns with each chill.
133	Sep. 28,29,30	12	male	tertian	intermittent.
134	28,29,30	10	"	"	remittent, chills obscure, incoherence.
135	Sep. 29, 30, and Oct. 1, 2	60	female	"	intermittent, pernicious, giddiness, incoherence.
136	Sep. 30 and Oct. 1		boy	tertian	intermittent.
137	Sep. 30, 31	26	male	began quotidian	remittent, now irregular, shivering, fever, bronchitis, costive.
138	30	14	"	quotidian	remittent.
139	Sep. 30 and Oct. 1	21	female	tertian	remittent, fever, restlessness, vomits blood.
140	Sep. 30	20	male	tertian	intermittent.
141	30	22	female	"	"
142	Oct. 1	5	"	quotidian	"
143	1	12	male	"	" costive.
144	1	8	"	"	" "
145	1, 2, 4	28	female	"	shiverings, achings in back and limbs, costive.
146	1, 2,	42	"	"	chills, vomiting, diarrhœa.
147	Oct. 3, 12, 13, 15	4½	"	"	intermittent, and on 12th epistaxis.
148	Oct. 3	48	"	"	remittent, costive.
149	3	8	"	"	intermittent, costive.
150	3, 4	34	male	"	remittent, 3d chill, fever very high, no sweat.
151	3, 4	29	female	tertian	chills, fever, diarrhœa.
152	3, 4	8	male	"	chills, fever, face flushed.
153	3	12	"	quotidian	intermittent, congestive, high fever, hot sweat, had fit and died in 3d chill.
154	4	10 wks		quotidian	intermittent.
155	4	6	female		chills, vomits.
156	4, 5	40	male		remittent, shiverings, fever, headache, pulse very small.
157	5, 6, 7	46	female	tertian	intermittent, 3d chill lasted 2½ hours, great epigastric oppression, retching, dysuria and dyspnœa, pulse small, skin cold.
158	Oct. 5, 6, 7, 8, 19	45	male	quotidian	remittent, pulse small, costive.
159	Oct. 6	6	female	"	chills, costive.
160	Oct. 6, 7, 9, 11, 16	36	male	"	remittent; fever, sweat, and chill mingled; costive.
161	Oct. 6, 7, 9, 11	25	female	"	sick since 3d, pulse weak, remittent.
162	Oct. 6	12	male	"	
163	7, 9	40	female		remittent, gastric oppression, dyspnœa.
164	7, 9	59	male	1st chill	on 7th, 8 A.M., *lasted all day.*
165	8	20	"		chills.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
166	Oct. 8	25	male	tertian	intermittent, great gastric oppression during chill.
167	8	33	"		remittent, nausea.
168	8, 10	18	"	tertian	intermittent, chill anticipating
169	8, 10	24	female	"	
170	9	12	male	quotidian	remittent, belly tender, diarhœa.
171	9	36	female	tertian	intermittent, menorrhagia with the chill.
172	10	12	"		chills.
173	Oct. 10, 11, 12, 13, 14, 16	35	male	quotidian	remittent, 1st chill on 6th, diarrhœa, great irritation of bladder.
174	Oct. 10, 11, 12, 13, 14, 16	33	female		remittent, nausea, faintness.
175	Oct. 10, 11, 14	40	male	quotidian	remittent, 1st chill on 8th, chill, fever, and sweat blended.
176	Oct. 10, 11	46	"	tertian	intermittent, profuse *epistaxis.*
177	10	31	"	"	remittent.
178	Oct. 11, 12, 14, 16	49	"	quotidian	remittent, shiverings, fever, sweats.
179	Oct. 11, 12, 14, 28	14	female	tertian	intermittent, costive.
180	Oct. 11, 12, 13, 14, 15, 19, 20	54	"	quotidian	remittent, 1st chill on 7th, no sweat.
181	Oct. 11, 12, 13, 14, 15, 19, 20	24	male	quotidian	intermittent, had 7 chills, anticipating.
182	Oct. 12	29	male	tertian	intermittent.
183	12	34	female	"	" costive.
184	12	10	male	"	" diarrhœa.
185	12	9	female	"	"
186	Oct. 13, 14, 15, 16, 17, 18, 20	43	"	quotidian *pernicious*	intermittent; had chills, aggravating for some time, on 12th chill lasted from 8 A.M. till 5 P.M.; vomiting and purging all the time, urine scanty, reaction very imperfect and accompanied with gluey sweat, stupor all the time, great dyspnœa.
187	Oct. 14, and Nov. 23, Dec. 7	23	male	tertian	intermittent.
188	Oct. 14, 16, 17, 28	62	"	quotidian	intermittent, 1st chill on 8th, lay in stupor for 2 days, on on 28th relapse from over-exertion, with chill, [illegible]ver, vomiting.
189	Oct. 14, 15, 17	51	male	quotidian	remittent, profuse d
190	Oct. 14, 15, 17	48	female	double quotidian	intermittent, intens nausea.
191	Oct. 14, 15, 17	7	"	quotidian	intermittent, chil ting.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
192	Oct. 14, 15, 17	14	female	1st chill	
193	Oct. 15, 17,	3	"	quotidian	intermittent.
194	16, 27	27	"	tertian	remittent.
195	16	16	"	"	remittent.
196	16	24	"	quotidian	intermittent, chills aggravat'g
197	16	6	male	"	intermittent.
198	16	34	"	"	remittent.
199	Oct. 16, and Nov. 19	26	female	"	remittent.
200	Oct. 16	15	"	"	intermittent.
201	16, 17	28	"	"	remittent, costive.
202	16	26	male	"	intermittent.
203	16	19	female	"	intermittent.
204	17, 18	5	"	"	intermittent, vomiting.
205	17	3	male	tertian	intermittent.
206	17	12	"	"	intermittent.
207	17, 19	7	female	quotidian	remittent.
208	17, 19	4	"	"	intermittent.
209	17, 19	9½	male	"	intermittent.
210	17	6		double tertian	intermittent, 11 A.M. one day, 2 P.M. other.
211	17, 20	60	female		remittent, vertigo, vomiting, been sick a month under quack.
212	Oct. 18, 19, 21, 24	24	male	quotidian	remittent, sick a month, 1st chill on 7th, diarrhœa with blood, vomits blood.
213	Oct. 18, 19, 21, 22, 23, 24, 25	40	female		remittent, had chill on 12th, under quacks.
214	Oct. 18, 20	18	male	quotidian	remittent, diarrhœa, vomiting. relapse.
215	18	25	male	quotidian	intermittent, chill anticipating three hours.
216	19	4	female	quotidian	intermittent, relapse.
217	19	10	male	"	intermittent.
218	20	36	"	chill 3 weeks ago	remittent, constant pain in head, been quacking.
219	20	34	male	quotidian	intermittent.
220	20, 22	29	female	"	remittent, (confined 3 weeks ago,) chills aggravating, hysterical, anœmic.
221	20, 22	5	female	quotidian	intermittent.
222	20, 22	2	male	"	intermittent.
223	20, 21	3	"	"	remittent, stupor, sick several weeks.
224	21	5	female		intermittent, been salivated.
225	21	3	male		remittent, stupor, fever, achings.
226	22, 21	40	female		remittent slight, diarrhœa. Relapse 76.
227	21	12	"	quotidian	intermittent.
228	Oct. 20, 23, 24, 25, 26, 27, 28, 29, 30	17	male	"	remittent, great gastric irritation.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
229	Oct. 22	3 wks.			intermittent.
230	23	20	female	quotidian	“
231	23	6 mo.		“	“
232	23	50	“	“	“ chill at night.
233	24	27	male		“
234	Oct. 24, 25, 26	40	“	“	remittent, chill 10 A.M., intense headache, fever all the time, sweat with the fever.
235	Oct. 25, 26, 27, 28, 29, 30	10	female		remittent, great enteric irritation, in same house as 228.
236	Oct. 26, 27, 28, 29, 30	49	male	quotidian	intermittent, stupor during fever, mental alienation during chill; on 29th, copious intestinal hemorrhage. Relapse, 178.
237	Oct. 26, 27, & Nov. 30	14	female	quotidian	intermittent, relapse 179.
238	Oct. 27 and Nov. 3	24	“	“	intermittent, diarrhœa and dysentery at daybreak each day. Relapse 181.
239	Oct. 27	24	female		intermittent, relapse 196.
240	28	33	male	quotidian	intermittent, chill 1 P.M. Relapse 167.
241	28	28	female	“	intermittent, chill at night.
242	Oct. 28, 29, 30, 31	23	male	tertian	remittent, chills anticipating, great intestinal irritation and prostration.
243	Oct. 28, 29, 30, 31	15	male	quotidian	remittent, sick in Chicago in July, now diarrhœa, pulse very weak.
244	Oct. 28, 29	40	female	quotidian	remittent, chills anticipating, vomits, sleepless.
245	28,29,30	25	“		remittent, diarrhœa, great prostration.
246	29	18	male		remittent, was intermittent; 1st chill on 25th.
247	30, 31	18	“	tertian	intermittent.
248	Nov. 4	26	“	“	intermittent.
249	Nov. 4, 5, 10	28	“		pernicious chill; pain commenced early on morning of 5th in right forefinger, extended up the arm and down the side and legs; agony terrible; skin cool; pulse 60, very weak and dropping.
250	Nov. 5	15	female	irregular	intermittent.
251	5	17	“	quotidian	“ chills anticipating.
252	5	3		“	“ 6th chill.
253	Nov. 5, 7, 8, 25	35	male	“	remittent, diarrhœa, vomits blood.
254	Nov. 6	5	female	“	intermittent.
255	6	19	male	tertian	“
256	6	9 mos.		“	“
257	6	28	female	quotidian	remittent.
258	7	5	“	double quotidian	intermittent.
259	8	26	“	tertian	“

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
260	Nov. 11	8		quotidian	remittent, was ague.
261	Nov. 13, 26, & Dec. 11	18	male	tertian	intermittent, sick many weeks, quacking, chills delayed.
262	Nov. 13, 26, & Dec. 11	14	"	quotidian	intermittent, sick many weeks, quacking, anœmic, costive.
263	Nov. 13, 15, 26	50	"	irregular	intermittent, sick all summer under quacks.
264	Nov. 13	25	female		remittent, cough. Relapse 245.
265	14	26	"	tertian	intermittent, sick for months under quacks.
266	Nov. 15. 16, 17, 18	40	"		remittent, congestive, taken night of 14th with heaviness increasing to stupor, lays almost insensible, epigastric tenderness exquisite, pulse slow, costive, skin warm.
267	Nov. 17	24	female	tertian.	intermittent, relapse 169.
268	17	33	male	quotidian	intermittent.
269	17	15	female		intermittent, chills for 3 mos., costive.
270	Nov 18, 19, 20, 21, 22, 23, 25	49	male	quotidian	remittent, stupor, passes urine involuntarily, incoherent; eyes wide open, stares, costive. Relapse 286.
272	Nov. 23	54	female	quotidian	intermittent, diarrhœa.
273	23	6	"		"
274	24	7			"
275	24	35	female		"
276	24	8			"
277	26	24	"	quartan	"
278	Nov. 26, 27, 29, & Dec. 17	23	male	quotidian	remittent, on 17th Dec. epistaxis. Relapse 242.
279	Nov. 29	9	female		intermittent.
280	29	7	"		"
281	29	4½	"	quotidian	" cerebral symptoms.
282	29	4½	"	quotidian	intermittent.
283	29	23	male		"
284	Dec. 3	29	female	quotidian	" relapse 220.
285	10	13	male	tertian	intermittent; chill at first in morning, but got later and later, till they again began at 8 A.M.
286	Dec. 16	46	male	quotidian	intermittent, fever high, sweat profuse. Relapse 176.
287	18	35	"	tertian	intermittent, urine scalds. Relapse 253.
288	18	3	female	quotidian	intermittent, chills at uncertain hours, constant desire to urinate. Relapse 258.
289	18	29	female	tertian	intermittent; no chills, but dragging pains in left side, every other day. Relapse 265.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
290	Dec. 20, 22, 24	31	male	tertian	intermittent for some weeks; got wet, and now has cough and spits blood while chill on.
291	Dec. 20, 22, 24, 25, 26, 28	35	male		remittent, costive, is consumptive, on 25th got pneumonia.
292	Dec. 24	4½	female	quotidian	intermittent, relapse 281.
293	25	37	“		“
294	25	10			“
295	25	2			“
296	Dec. 26, 28, 30	49	male	quotidian.	intermittent, chill at night, convulsions with the chill. Relapse 270.
297	Dec. 28	23	male		intermittent, relapse 283.
298	30	14	female		“ “ 237.
299	30	20	“		“
300	31	14	male		“ relapse 262.
	1856.				
1	Jan. 1, 4, 9	19	male	irregular	intermittent, had chills for months, taken quinine, &c., in large quantities.
2	5	4½	female	quotidian	intermittent, relapse 292.
3	Jan. 13 and Feb. 2, 3, 9	23	male		intermittent, sick since 1st, slight chills, epistaxis. Relapse 278.
4	Jan. 23, 30, April 20	17	male	tertian	intermittent.
5	Jan. 23 and April 14	23	male	tertian	“ relapse 297.
6	Jan. 23, 24 26, 27, 28, 29, 30, 31, Feb. 1 to 20, and 22, March 2, 5, 6, 8	17	female		remitting, chills slight, pulse 100, tongue clean, abdomen tender, diarrhœa, stools yellow, grainy water. *Qy.*—Typhoid?
7	Jan. 27, 28, 29, 30, and Feb. 2	15	female		remittent.
8	Feb. 1	3½	female	quartan	intermittent, relapse 258.
9	6	4½	“	tertian	“ relapse 281.
10	6	4½	“	“	“ relapse 282.
11	9	15	“	quotidian	intermittent *at night*, amenorrhœa.
12	9	13 mo.	male	tertian	intermittent, fever severe, diarrhœa, hands swollen and red.
13	18	25	“	quotidian	intermittent, costive.
14	Feb. 21, 25, 29	26	“	“	intermittent, pleurodynia, sick a long time under quacks, anœmic.
15	Feb. 21, 26	50	female	tertian	intermittent, sick all summer, ascites.
16	23	80	“	intermittent	intermittent, chills anticipating.

No.	Date, 1856.	Age.	Sex.	Type.	Remarks.
17	Feb. 25	48	male		intermittent.
18	Feb. 26 and March 8	49	"		intermittent, relapse 296.
19	Feb. 26	14½	female		" " 298.
20	Mar. 3	55	"	quotidian	" chill 3 P.M.
21	3, 25	5	"	"	intermittent 8 A.M., costive, *on 25th tertian.*
22	3, 25	5	"	"	intermittent 5 A.M., diarrhœa, *on 25th tertian.*
23	9, 7, 13	10	"	"	intermittent, cough, costive.
24	9	49	male		"
25	11	9	"		"
26	16	10	female		"
27	17	6	"		"
28	18, 22	5	male	tertian	"
29	Mar. 19, Ap. 1	25	female	irregular	intermittent, had chills for months, been under several doctors, always costive.
30	Mar. 19	7	female	tertian	intermittent, periodic pains.
31	21	19	male	"	intermittent, delirium with the fever
32	21	26	"		intermittent, relapse of 14, 1856.
33	26	70	"	tertian	intermittent.
34	27	18 mo.		"	intermittent, anticipating.
35	28	78	"	"	intermittent, great dyspnœa during chill.
36	30	37	"	"	intermittent.
37	30	49	"	"	intermittent, relapse 270.
38	31	9	"	quotidian	intermittent, anticipating. Relapse 25, 1856.
39	April 1	6	"	"	intermittent at 8 A.M.
40	3	child			intermittent.
41	4	8	female	tertian	remittent, began as intermittent.
42	4	2	"		intermittent, influenza.
43	5	38	male		intermittent.
44	7	19	"		intermittent, relapse 1, 1856.
45	10	4	"		intermittent, cerebral symptoms.
46	12	12	"	quotidian	intermittent, chill 2 P.M.
47	12	7	"	"	intermittent, chill 4 P.M.
48	16, 21	28	female		intermittent.
49	19	24	male		"
50	24	3 mos.			"
51	25	18 "	"	quotidian	intermittent, anticipating.
52	29	4 yrs.		"	intermittent, chill 9 A.M.
53	May 1, 12	17	"		intermittent, relapse.
54	8, 13	17	female	quartan	remittent, costive, mennorrhagia.
55	13	24	male	quotidian	intermittent.
56	17	30	female	double tertian	intermittent, influenza.

In cases 14, 15, 17, 18, 19, and 53, of 1856, the sulphate of cinchonæ was administered instead of quinine, and to our perfect satisfaction; indeed, we believe that when the object was to give something to prevent relapse, it seemed more efficient than the quinine itself. Our course though was generally to give quinine to arrest the chills, and then to prescribe the cinchonæ and iron to invigorate the system, so as to prevent a return. During our constant attendance upon the cases of this kind, which occurred during last summer and autumn, it did not appear to us that they were precisely of the character of ordinary intermittent. In a large number of cases the functional impression was much graver than is usually manifested in those complaints in this region of country; in cases of even a plain uncomplicated tertian intermittent, the patient felt sick all the intervening days. There appeared to be disposition, in a large number of cases, (as see tables) for the chills to anticipate their hour of return. While in some cases they became each day longer in their continuance. And, again, in other instances, the chill each day became more indistinct, while the fever was more severe and protracted. In the first class of cases, if neglected, the tendency was to run into what is called congestive chill. While under the second described symptoms, "congestive fever," as we would term it, or fever in which prostration and typhoid symptoms supervened, was apt to be the consequence. In quite a number of cases the whole paroxysm, chill fever and sweat, were jumbled or blended together, as occurred in our neighborhood in 1846 and 1847. In our experience, real rigors or shakes were rare during the past year, indeed, it was a common expression with the patient, "Dr., I don't believe this is the real ague I have got, it's not like anything I ever had before." There were a number of cases in which the chief complaint was of the great oppression of breathing, of "a load like a ton of iron on their stomachs," while a feeble pulse was an almost universal feature of the complaint. Again, the blending together, in some cases, of some of the symptoms of what is called milksickness with the more usual effects accompanying the fever, was an interesting circumstance, as in cases 82, 94, 95, 105, 106, as also in three cases in one house, to which we were called in consultation, in a most malarious spot, (cases which are not noted in these tables.) The attending physician considered them milksickness, and there certainly were present the thirst, burning at the stomach, restlessness, torpor of bowels, and black fœted stools, when stools were obtained, usual in that disease. But still we consider they really belonged to the class of periodic fevers, and were but varieties of congestive fever. (*Query*—is milksickness anything else?) Also, in another case, occurring on the 4th of Sept., and which was the preluding stage of case 76, which was undoubtedly a malignant case of congestive fever, there were the burning in the œsophagus and stomach, thirst, black fœted stools, but there were also *sweat* and diarrhœa.

As to the treatment of the cases recorded in the foregoing table, quinine was the sheet-anchor, but it was in almost all cases combined with morphine and extract of gentian, which we believe adds to the efficacy of the quinine. These were generally administered in the form of a pill, in the proportion, to an adult, of 6 or 7 grains of quinine to 3-10 of a grain of morphine, and about 3 grains of the gentian, given every six hours. We have a great objection to small doses and short intervals. In most cases we believe, especially with quinine, it produces much more excitement, and worries the patient much more, while the effect of the larger dose we think more efficient. In pernicious cases, larger doses were sometimes given, but the interval was generally the same. In such cases especially, we believe opium quite as important as quinine. Calomel, in doses of 5 or 6 grains, or its equivalent of blue mass was prescribed when the alvine discharges indicated a deficient intestinal and hepatic secretion. But we are no believers in the liver pathology, and always eschew the term bilious if we can. Where a purgative was needed we generally preferred castor oil and turpentine after the mercurial. But in a large portion of the cases no calomel or purgatives were given; light nourishing diet being always directed, and the tinct. of mur. of iron when convalescent. In regard to the use of mercury, it appeared to us that there was a peculiar proclivity among our patients to ptyalism, with the use of only small quantities of the medicine, which rendered great caution necessary in its administration. What this peculiarity depended upon, would be difficult to determine. But it occurred to the writer, that, inasmuch as ptyalism is primarily an excited and congested state of the mucous membrane, and that congestion or want of proper capillary action appeared to be the tendency of the disease in question, that the mercury acted upon parts already in a condition of preparation for its own special effects. This may be all idle theorizing, but our attention was so often called to the subject during the sickness of last season, that we were naturally led to speculate on its cause. My colleague, Dr. Harris, informs me he also has noticed this peculiar liability to ptyalism. Dr. Nance, however, has, in his neighborhood, not observed any such tendency. We see it remarked by different writers that the disposition to diarrhœa (which since the first invasion of cholera has appeared to accompany more or less all our disorders) has, during the past season, disappeared. Dr. Haller states, that, in the neighborhood of Vandalia, they have had less diarrhœa and dysentery than usual—Dr. Nance relates, that there was much diarrhœa among children, though but *little* among adults: yet, Dr. McBane, residing at the south of the State, says it has been very prevalent for the past three years, and, from being complicated with hepatic derangement, is usually difficult to eradicate or control—and Dr. Harris, at Ottawa, (in the north,) says that dysentery in the summer months was quite common—and upon examining these tables it will be seen, that, of the cases where any note of the condition of the bowels is made, (and, where none was made, probably nothing peculiar presented,) diarrhœa occurred as a marked symptom in 43 cases; while torpor of the bowels was present in 25 cases. But assuming, as would be probable, that where no note of the presence of diarrhœa is made, that none existed, the testimony would stand only 43 cases of diarrhœa against 313 cases in which it was absent. That, in 13 cases, troublesome hemorrhage took place, sometimes in the form of epistaxis, sometimes from the bowels; while in one case, that of a female after recent delivery, uterine flooding came on with each chill, causing great exhaustion; and in another non-pregnant woman, mennorrhagia accompanied the chills. Of the cases attended, 14 had been under quacks of one denomination or another, generally Steamers or Eclectics, as they call themselves; and these cases were generally among the gravest and most protracted that we met with. As before remarked, in many cases, from the hurry of business, neither sex nor type were recorded; but of those that were noted the following are the proportions of each sex, of each type, for each month of each year:—

1855.	Cases of Quotidian.	Cases of Tertian.	Cases of Quartan.	Males.	Females.	
January,	2	2		2	2	
February,					2	
March,	1				1	
April,	3	1 double			4	
May,	1			1		
June,	2				2	
July,	10	7		7	10	
August,	31	9		19	21	
September,	37	18		37	28	
October,	63	22		45	41	
November,	19	13	2	11	18	
December,	5	4		8	8	
1856.						
January,	1	2		4	3	
February,	2	4	1	5	7	
March,	5	8		10	8	
April,	5	1		9	4	
May,	1	1 double	1	2	2	
	188	92	4	160	160	

From this it will appear, that, of 284 cases in which the type was recorded, 188, were quotidian, and 92 tertian; or within a fraction 2 quotidian to 1 tertian, and only four of the quartan type; among these was one case of double quotidian, two cases of double tertian, and one case of double quartan. That of the cases in which sex is recorded, there were exactly the same number of males as females; that Sept. and Oct. supplied the largest number of cases, Aug. coming next in rank, and Nov. fourth; that of the ten gravest cases, Nos. 24, 25, 32, 38, 54, 58, 69, 76, 135, 186, were of the intermittent type, and two only of those, whereof the types have been recorded, or were developed, were remittent from the first. Cases 54, 55, 56, and 186, simulated cholera in many particulars, and were all in individuals residing in the midst of low alluvial lands, subject to overflow at high water.

One singular feature presents itself in reference to the localities of this endemic. Generally the most malignant as well as the greatest *number* of cases, occur in the low or bottom lands; but, during the past summer, as far as we have been able to ascertain, the river bottoms have suffered least. It appears, indeed, to use the words of Dr. Payne, that "last season the order of things was reversed—there was comparative immunity in the bottoms, but almost universal sickness on the hills." Such was emphatically the case in our own neighborhood. We presume this can be explained only by referring to the previous summer, which had so dessicated the hills that the partial rains and snows of the succeeding winter had never really moistened and cooled them, so that, when the constant showers of last summer fell upon them, instead of being absorbed the heated and hardened sub-soil sent it up in vapor. The effects upon vegetation confirm this view, for contrary to expectation and to the usual effects of a wet summer, the low, wet lands yielded the best crops, the hills in many places being really, notwithstanding the rains, too dry.

In this connection, I insert a

METEOROLOGICAL RECORD, FOR 1855, KEPT BY DR. J. O. HARRIS, OF OTTAWA.

1855.	Max. Temperature.	Min. Temperature.	Max. Mean Temp.	Min. Mean Temp.	Monthly Mean Temp.	No. of Rain Storms.	No. of Snow Storms.	DISEASES TREATED.
Jan.	62	8	53.33	1.33	25.09	3	4	pneumonia.
Feb.	44	7	36	2.66	18.07	4	10	phthisis, croup, pharyngitis.
Mar.	57	1	45	12.66	32.68	1	5	" " pneumonia.
April	91	22	78.66	31.33	55.12	8		erysipelas, croup, pneumonia, neuralgia.
May,	96	41	84.66	47.67	63.16	9		remittent fever, phthisis.
June,	94	44	88.33	50.66	69.45	10		" intermittents.
July,	95	58	86.33	65	74.13	9		" "
Aug.	93	55	84	58.33	70.74	10		insanity, remittent fever, intermittents, dysentery, cholera infantum.
Sept.	88	45	78.33	53.66	67.92	12		insanity, remittent fever, intermittents, dysentery, cholera infantum.
Oct.	78	22	66	36	49.07	5		pneumonia, phthisis, remittent fever, intermittents, and diarrhœa.
Nov.	48	18	42.66	20	34.50	2	1	pneumonia, phthisis, remittent fever, intermittents, and diarrhœa.
Dec.	63	10	53	3	25 88	5	3	intermittent fever, remittent fever, pneumonia, neuralgia.

There fell 44 inches of snow; did not keep a rain-guage till this year.

The mean temperature at Ottawa for the last three years has been as follows: for 1853, 50.73; 1854, 52.05; 1855, 48.87. The mean for the *last three years united*, 50.55. The observations were made at the hours of 7 A. M., and 2 and 9 P. M.

We trust we have made no errors in copying this interesting table, but we would suggest to gentlemen that when they write for publication, they should be careful to write clearly.

From fevers of a periodic type we naturally turn our attention to that form of fever which, by many, is said to be superseding them, and in regard to which your committee had hoped, as before stated, to have received contributions from different parts, sufficient to throw some light upon the vexed question, of whether typhoid fever is a disease, *sui generis*, or only, as asserted by many, a peculiar condition or grade of periodic fever: the grade or condition being the result of previous causes influencing the constitutional tone of the individual attacked, or in other words, so modifying the vital susceptibility of the body as to cause a different manifestation of *effects*. Much as nitrate of potash, under different external conditions, may act as a refrigerant, a diuretic, or a diaphoretic, or, as indeed, many other agents change the mode of manifesting their effects under different conditions of impressibility of the tissues of the body.

On this side of the question appears one of this committee, Dr. J. O. Harris, who says, speaking of the neighborhood of Ottawa, that all the cases *called* typhoid, that "I have seen have invariably lacked the characteristic features of those diseases. Our fevers (as I view the matter) gradually assume a graver type from September to January, but *always* present unmistakable evidences of intermittent or remittent fever, and usually yield wholly or in part to the use of quinine or its equivalents. When treated according to the views above expressed, they usually recover, but when treated as typhus or typhoid, more than one-half die." But Dr. H. gives the name of the disease and the *opinions formed* of what was seen, but does not supply the detail of the symptoms, of what existed, or the evidence by which alone it appears to us this question of identity can be settled.

It does not appear to your committee that the question of most importance to us at this time, is, whether there is such a disease as typhoid fever, according to the description of systematic authors. But whether *we* have such a disease among ourselves in this State, or whether those who, in a different part of the State, speak or write of a disease by that name, speak of the same assemblage of symptoms.

Now, among our correspondents, Dr. Vincenz says, "To my knowledge there occurred not a single case of typhoid fever." Dr. Haller, of Vandalia, does not so much as name typhoid fever among the sickness that has occurred in his neighborhood. Dr. Payne, of Marshall, describes among the complications of remittent fever, cases where typhoid symptoms supervened, and the treatment required, he says, corresponded very nearly with the directions of Dr. Wood, in his article on "Enteric or Typhoid Fever," while the symptoms certainly were very similar. But these cases began as intermittent or remittent fevers.

Again, Dr. Payne, says "*True typhoid fever* is not a very common disease with us. I have seen several cases during a residence of three years, which have answered well to the descriptions of Drs. Wood and Bartlett;" and as to treatment, he coincides with Dr. Nance, of Lafayette, who remarks, that "if a mild course of treatment is pursued, more reliance is placed on turpentine than any other one remedy. The disease is rather regarded as a self limited disease, and consequently an expectant plan of treatment used." But Dr. Payne does not give the initial symptoms—he does not say how it began. And this, we think, is the question at issue, viz.: whether, as Dr. Davis describes it, the disease begins slowly and insidiously, or whether it begins with chills or shiverings, &c., and afterwards takes on those typhoid symptoms, which, we believe, will be found to be the case with more than one-half the cases described as typhoid.

Dr. Wood, in his Practice, says, "This disease sometimes begins abruptly by a chill, followed by the usual symptoms of fever; but as it occurs in this country, it more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement." Now the latter, we suppose, is how it commences in Philadelphia. The mode by chill, as described in the first part of the sentence, the mode in which it commences in some other countries, Europe, for example. The mode as described by Dr. Davis, that of its commencement in Chicago, and from the description of typhoid fever given by Dr. Hathwell, of Cass County, and published in the Report on Practical Medicine to this Society, in 1851. It began in Virginia and Princeton, in Cass County, with "an universal degree of languor, restlessness, attended with lowness of spirits, pain in the back, general weakness, deep sighing, soreness of the muscles, precordial uneasiness, difficult respiration, nausea, *cold clammy sweats*, emitting an unpleasant odor, a constant craving for water, which the stomach rejects." Dr. Davis states, *North-Western Journal*, Nov., 1853, page 429, "when he does take to his bed, his *skin* is *dry*, but only moderately hot." That all the secretions are suspended, "except from the mucous membrane of the ilium." Now, how are we to reconcile all these diversities, not of name only, but of description? Yet Dr. Nance, of Stark County, speaks of typhoid fever as a something definitely and fully established among them for years. We much wish he had extended his copious and valuable letter a little further, and given us in detail the *symptoms and beginnings*. He says, "Typhoid fever occurred here quite malignantly in the year 1848, and during that year and 1849 it seemed to be difficult to manage it. Since that time, the type has been milder and it is managed with much better success." Now we *presume* Dr. Nance *speaks* of a disease such as Dr. Davis, of Chicago, describes as above referred to, thus: "But the typhoid fever, as occurs here, almost invariably steals upon its victim slowly. He first feels dull and indisposed to active mental or physical exertion, his head feels dull, slightly aches, or feels as if bound up tight, he has wandering pains in his back and limbs, occasional liquid discharges from his bowels, his appetite is variable, and his sleep often disturbed. These symptoms gradually increase for one or two weeks before the patient finally gives up and takes to his bed; and when he does so, his *skin is dry*, but moderately hot, his pulse is only 85 to 100, and less forcible than natural, his tongue is covered with a thick dirty white fur, and red along the edges, his intellect is dull and disposed to wander when he is sleeping; all his secretions are diminished, except from the mucous membrane of the ilium, which generally gives rise to from one to six thin evacuations per day; the capillary circulation upon the surface is sluggish, in a word, all the organic actions are like the mind of the patient, dull and indifferent."

Now, in comparing what we *suppose* to be Dr. Nance's account with Dr. Hathwell's, it should be borne in mind Dr. Nance speaks of typhoid fever first becoming endemic among them as in 1848: and Dr. Hathwell, whose description we transcribed above, says it began in Cass County in 1847. Now, the description by Dr. Davis is very graphic, and doubtless accurately true of what he sees; but is it a description of what the term typhoid fever is generally applied to by writers in the West? We suspect not—for ourselves, we must acknowledge that such cases are rare in our experience. We suspect that the symptoms of the following case, extracted from the notes of the Chairman of this Committee, will more fully illustrate the *more legitimate* of the cases usually denominated typhoid fever in the West:—23d January, H. A., aged 18, brunette, been healthy, but has been ailing for several days; has taken Wright's pills, blue pills, castor oil, &c.; has slight chilly feelings, with remitting fever; pulse 100 and quick, but soft and compressible; tongue clean, has abdominal and epigastric tenderness, stools frequent, mere yellow grainy water, feet cold and damp, sweats a little at times. 24th. Pulse quick and variable, eyes somewhat injected, slight headache, tongue as before, less tenderness over abdomen, no stool, anorexia, in night felt a little chilly, in morning had more fever, which continued till 2 P.M., is very sensitive to light and noise. On 26th had remitting fever all day; took oil, and it brought dark, feculent, but liquid stools; pulse 100, small, quick, and soft; tongue as before, headache, face dusky, tenderness in right hypochondrium, urine scanty, has slight sweats at times, face is often flushed, is feeble, dull and indifferent, has abdominal pulsations. These symptoms, with delirium in her sleep, the small watery stools, flushings of the face, almost constant headache, anorexia, and dull indifference, continued till first February, when some slight pneumonic symptoms supervened, but which, during the intensely cold weather, in a not very tight room, might very naturally occur. On 2d February the abdomen was rather tense; but by the 11th she was almost convalescent, when she eat a small piece of ham, and all the symptoms returned, with dry tongue, diarrhœa, and tenderness in right iliac region, which, with amend-

SELECTIONS.

Annual Address of the President of the American Medical Association. By Geo. B. Wood, M.D., Prof. &c., &c., of Philadelphia.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings towards his fellow-members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking around towards the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self-imposed duty been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually-diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamors of opposition, the whisperings of discontent, or the murmured disappointent of an over-excited expectation, we might be disposed to give to these questions an unfavorable answer; to cease our struggles for an unattainable good; and with the wings of the spirit folded, and its head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But, happily, such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron wall of circumstance, and for a time, at least, fell back, stunned though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters to be found after many days.

But outside of this vexed subject, much, very much, has been accomplished. I will not appeal to the ponderous volumes of our Transactions. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records with a sincere and candid spirit will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture and general advancement.

Stagnation, in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department, to gather pupils; in the practical, to gather patients: in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarkation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millenium was approaching. I need not follow the march of the crusade. I need not recal the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So is it with lesser associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice, and honor, in their application to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision which may at least be suspected of a selfish basis, and of which no man, if his interests or his feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case. A becoming modesty would lead him to suspect that the fault might be in himself, and, a becoming spirit, to search into the depths of his own heart for the root of evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else to maintain harmony in the profession and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least by the publication of a large edition of the Code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible? I do honestly believe, that, to a young physician, going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy Scriptures and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is, that, representing as it may be said to do the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the surgeons in the navy. It is to be presumed that the patriotic physician, who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession speaking in the memorial from this body. On another occasion you were heard, through your resolutions, pleading in the halls of Congress in favor of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well-known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all, consequently, make and receive favorable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far-separated homes. These remembrances serve as so many cords not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson; not to aim at once at sweeping changes, but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance, before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respeet as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with a didactic instruction, and finally for something more than a mere nominal examination before admission to the honor of the doctorate, or the privileges of a license to practice; points which have ever been insisted on by the association; let us, I say, reiterate these convictions; and like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect. While bringing to bear upon this resistance, the considerations of reason, duty, honor, and even an enlightened self-interest, we must carefully avoid all violence of procedure; as likely only to add the hostility of passion to other opposing influences. By this course universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to me nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honor and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery, is to do what it most delights in. It would be to contend, under the government of honor and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavor to enlighten whatever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honorable and honest, though ignorant or bewildered, men among them. But we cannot discriminate. With the presumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists;* the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upon the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honorable profession is the proof we offer, that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *allopathists*, they may well ask, in what, are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics?* Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists;* we are simply *regular practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen.

The efficiency of our profession is to be increased not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence, and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our Transactions annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfil this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the small-pox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an absolutely certain, but a very nearly certain, safeguard. I have never known of death from small-pox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of small-pox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But, perhaps, I have been somewhat unjust to the profession.

The people have, in many places, and probably in some degree in almost all, chosen other guardians of their health and rejected our offered aid. It has happened to me to become acquainted with one neighborhood in which small-pox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had entrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of small-pox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and Government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our house should burn, or our families perish with small-pox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

EDITORIAL.

Our readers will require of us no apology for occupying so much space in this number of the *Journal* with the Report on Practical Medicine, read at the last meeting of the State Medical Society, by Dr. Samuel Thompson, of Albion. It is a document containing many valuable suggestions, not only of a practical nature, in reference to the prevalence and treatment of disease in the middle and southern portions of this State, but also in reference to modes of investigation, records of cases, &c. The remainder of the Report, together with the Annual Address of the retiring President of the Society, will be *contained* in our next issue. If these papers should cause some delay in the publication of Communications from our correspondents, they must excuse us, for their favors shall be attended to as early as practicable.

Graduates of Medical Colleges.

The whole number of graduates from the medical colleges of the United States, for the year 1856, is about 1,450. The following 18 schools stand highest on the list in the number of their graduates, viz.:

Jefferson Medical College,	215
University of Pennsylvania,	140
University of New York,	98
University of Nashville,	85
Medical College of South Carolina,	85
Medical College of Georgia,	73
University of Louisiana,	65
University of Louisville,	61
St. Louis Medical College,	50
Rush Medical College,	42
College of Physicians and Surgeons,	40
Cleveland Medical College,	38
Pensylvania Medical College,	37
New York Medical College,	35
University of Michigan,	30
University of Missouri,	28
Massachusetts Medical College,	28
Philadelphia College of Medicine,	21

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. SEPTEMBER, 1856. NO. 9.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Report of the Committee on Practical Medicine.* By SAMUEL THOMPSON, M.D., of Albion, Edwards County, Ill. Presented to the State Medical Society.

[Concluded.]

Pneumonia, as might have been expected, occupied quite a prominent place among the diseases of last winter and spring. Dr. Nance observes, in his letter to the committee, "That pneumonia and broncho-pneumonia have been quite prevalent since the winter broke up. But very few cases of *pleuritis* have been seen in this vicinity for some years." This singular fact, we believe, applies to a large range of country. Dr. Haller, of Vandalia, informs the committee, "that, during the months of January and February, there were quite a number of cases of typhoid pneumonia, which I treated with *alteratives*, *anodynes*, *tonics*, *stimulating expectorants*, *&c.*, with the auxiliaries, *rubefacients*, *and vesicants.* I have not bled a single case of pneumonia this season of any kind, but in many I have used the tartar emetic freely, and there has been less fatality than usual." Now we do protest against such lawyer-like generalizations. Here, we request, on behalf of the profession, *facts;* and put a string of categorical questions; and we have for answer, that quite a number of cases occurred, that nearly every class of remedies comprised in the Pharmacopœia were used, and that less than the usual number died: now, even here, unless we know what is the usual mortality in the Doctor's neighborhood, how can we gain even approximative information? Dr. Harris considers, that round Ottawa the number of cases of pneumonia ranked next to those of Periodic fevers, while a great many of the cases bore the intermittent stamp, and not only bore but needed quinine in the treatment.

Dr. Payne writes that early in the spring, pneumonia began to prevail, and has continued, with some abatement, up to the present time, (May 16,) and that the disease has been much more fatal than has ever been known before. Commencing as a bronchitis for several days, when pneumonia, with typhoid symptoms supervened. But we will let him speak for himself. "During the extreme cold weather of the winter we had little sickness. Early in the spring, however, pneumonia prevailed, and has continued, but with some abatement, up to the present time. The disease has been much more fatal than has ever been known before in this locality. In almost every case it has been complicated with early typhoid symptoms, and in some cases so completely masked by the occurrence of typhoid as to render it much more difficult to form a correct diagnosis. In fact, the typhoid symptoms were so prominent that some physicians would have denominated it typhoid fever with pneumonia as a complication. The disease, in a majority of cases, was preceded by a severe cold, in other words, bronchitis, for several days, usually ushered in with a distinct chill, or a chilly sensation, and in a short time, followed by frequent pulse, flushing in the face, pain in the side, usually the left, cough, with expectoration of mucus, with more or less blood. In many cases there was great oppression at the stomach, with nausea and vomiting—tongue with a heavy bilious coating at the commencement. These symptoms, unless arrested, would increase, or assume a different form. The pulse, instead of becoming hard, became more easily compressed, but more frequent—less difficulty of breathing, but more disturbance of the mind, and, in several instances, amounting to complete delirium. The tongue now usually became dry, and in some cases, swelled and red around the edges.

The bowels bound at the commencement, but generally afterwards a tendency to diarrhœa. If the case proved fatal, these symptoms would increase to the ninth, and in some cases, to the twelfth day. I should have remarked that in the majority of cases there was great bilious derangement, a jaundiced state of the skin, and vomiting of large quantities of bilious matter, which would continue for four or five days after the disease was ushered in; so that we had superadded to the typhoid symptoms, bronchial inflammation and a system poisoned as it were with bilious matter. This description is not intended to answer for all, for in some cases the inflammatory symptoms were prominent from the commencement to the termination of the disease. *Congestive pneumonia* occurred in several cases, proving fatal in most of them. I was so fortunate as to see but one case, and that terminated fatally. Reaction was imperfectly established in about 48 hours from the time he was taken with the chill; but the prostration was so great, and the nervous system so overwhelmed by the shock of the disease, that he died on the evening of the eighth day. The treatment of these cases was different. In the first or typhoid form, much active treatment could not be used, on account of the great tendency to prostration. A full dose of calomel and ipecac, if given early, had a good effect; in some cases it was arrested at the threshold, and where this was not the case its violence was moderated. In those cases where the disease was fully formed, and the typhoid symptoms superadded, I preferred giving the calomel in smaller doses, say 12 grains of calomel in three portions, with 5 grains of Dover's powder, with each combined, and this worked off in some twelve or fourteen hours with castor oil, if necessary; expectorants, as comp. syr. of squill, were used in cases where the stomach was not already irritable; diaphoretics were also used after the operation of calomel. I usually give Dover's powder, every two or three hours, in 8 or 10 grain doses, and continued the patient on their use for some 24 or 48 hours, until I again considered it necessary to repeat the calomel. Later in the disease stimulating expectorants, and quinine as a tonic, and where necessary brandy as a stimulant, and a blister over the region of the affected lung after the 2d or 3d day was beneficial. In the second form I have referred to, viz., those cases of an active inflammatory character, depletion was borne to a greater extent. We do not deplete with the lancet; in fact, bleeding in this section in pneumonia, I believe, is entirely abandoned: calomel in active doses, and tartar emetic in nauseating doses, answering all the purposes that might be obtained by the use of the lancet. Later in the disease, syrup of squills and senega, as a stimulating expectorant, is used. But few cases of this kind occurred, and all, so far as I am able to learn, recovered. In the congestive form, the indication was to establish reaction, and, after reaction was established, to promote expectoration and guard against prostration."

"The only disease which has prevailed as an epidemic to any extent, within the last two years, is acute bronchitis. I have already spoken of this disease, in my remarks on pneumonia. Many of the adult population, and particularly the males, were attacked with it; it did not prove serious in any of these cases, most of them being able to attend to their ordinary business; the greatest danger was its liability to terminate in pneumonia. It was, however, among children, of a more aggravated form, usually coming on with a chill, or chilly sensations, followed in a short time by high fever, tightness across the chest and down the sternum, great oppression referred to the epigastrium, severe paroxysmal fits of coughing, the mucus occasionally mixed with blood; there was a remission in most cases in the fever towards morning. The disease was of various grades, from the mildest to the most aggravated form: the duration of the disease was from ten days to two weeks. It made its appearance the latter part of March, continuing for five or six weeks before it declined. I had quite a number of cases under my charge, all of which recovered, and so far as I am able to learn but one or at most two deaths occurred among all the cases. The disease was principally confined to Marshall and its vicintity, but a few cases occurred in the country. It was confined principally to the eastern portion of the town, and where it seized upon one member it was usually followed by others, and in some few cases every member of a family was attacked. There was nothing very novel in the treatment; calomel was required in some cases where there was much bilious derangement, or the inflammatory action ran high. In those cases where there was a marked remission, quinine seemed to be of the greatest benefit, cutting short some few cases and materially moderating the violence of others. There were several cases that I believe would have terminated fatally, had it not been for the use of this valuable agent. All of our physicians, so far as I have conversed, made use of it. Diaphoretics, expectorants, and a blister over the sternum were used." In our own neighborhood (Edwards and Wayne Counties) there has been an almost universal prevalence of bronchial affections, especially during April and the beginning of May, constituting in fact a true influenza, in which the affection of the larynx was the most prominent and troublesome symptom: and we are informed the same state of things extended over the counties adjoining. Our experience in the prevalence of pneumonia, also, fully confirms the statements of Drs. Nance, Haller, Harris, and Payne; for though the cases under our observation have hardly presented quite so markedly typhoid a character as they describe to have been present, yet the number of cases of pneumonic affections have been greater than we remember to have met with for many years in our generally healthy neighborhood. Comparing, for instance, our experience in 1855 with 1856, we find that from January to July of the former year we have notes of but 7 cases of pneumonia proper, and 7 cases of other affections of the respiratory organs, making 14 in all, and no deaths: while, beginning on 20th November, 1855, and ending on 16th May, 1856, we have notes of 55 cases of affections of the respiratory organs, of which 35 were cases of pneumonia, the last of which was on 21st April, and 20 were chiefly of the character of influenza. Of the cases of pneumonia, 6 died—1 in February, 2 in March, and 3 in April. Of the 2 in March, one was a man with tubercles in the lungs, who in November had recovered from pneumonia complicated with intermittent, and who was recovering from the last attack, when, on 7th March, during a very cold wind, he insisted on getting up and going out to urinate—he died the next day:

the other was a lady of scrofulous habit, who had been under a Steamer or Eclectic for some days, and finally became insane, which she had been some years before. Three of the remaining cases died in one house, mother, daughter, and son, from want of protection from the cold wind—the cabin was like a seive. These last were the most truly typhoid cases of pneumonia we have seen this season; but in nearly every instance we remarked the peculiar predominance of bronchitic symptoms in the first stages of nearly every case. Our treatment was generally tartar emetic and opium, according to the following formula:—Tartar emetic, ʒ j.; powdered opium, ʒ ss.; ext. gentian, q.s.; divide into 120 pills. We consider the combination of the extract of gentian highly useful, as somewhat counteracting the debilitating effect of the tartar emetic. Of these pills, either whole or divided, according to circumstances, we are in the habit of giving one every two hours (if the stomach will bear it) while the acute symptoms last; substituting in very typhoid cases, &c., calomel and opium, or calomel and quinine with opium, or ipecac and Dover's powder, according to circumstances. We prefer administering tartar emetic in pill for two reasons: when given in solution or in powders we have frequently found it produced a troublesome irritation of the throat and fauces; and once we met with a case of poisoning by tartar emetic, from a child taking up the cup containing the solution and drinking it for pure water. Blisters in *acute* cases, except in the latter stages, when the febrile symptoms have much abated, we do not like: and we fully concur with Dr. Payne, that bleeding under the present adynamic constitutional condition would be generally improper.

Of the exanthemata there would appear to have been a large number of cases. Dr. McBane, of Metropolis City, reports nine cases of *variola* in one family, occurring from January to April; all recovered, and the disease did not spread. Dr. Nance, of Stark County, also reports that during the past winter variola prevailed extensively in and near the village of Altona, on the C. M. I. Railroad, and also at Walnut Grove, in Knox County, and considers that not less than forty persons were attacked, though very few died; and notwithstanding that the citizens were guilty of great carelessness, general vaccination prevented its spread. The non-extension of the disease in these cases, is a strong argument against the opinions we have seen broached by medical men, both in England and America, as to the inefficiency of vaccination. We wish our correspondents had given us a description of the grade of the disease, the sequelæ, and whether any means (and if any, what means,) were used to prevent the pitting of the skin, &c., &c. As it is, the record of fact of the occurrence of the diseases teaches little for the future.

From Chicago, the only accounts we have obtained, are derived from the *N.-W. Journal*, for April, 1855, wherein Dr. Davis, at the Cook County Medical Society, refers to the unusual prevalence of small-pox, and the rapidity and extent to which it had spread, remarking that he considered it could not be accounted for by direct contagion, but that it must be *aided* at least by an epidemic condition of the atmosphere: and in a note by the editors it is stated, that about the same period variola had appeared in a very large proportion of the principal towns of the North-West.

Dr. McBane reports that scarlatina has been prevailing in the higher localities in his neighborhood, and often proved fatal when mercurially treated. He says, "I have seen and treated many cases successfully by avoiding mercury."

In Stark County, we also learn from Dr. Nance, that rubeola has prevailed more extensively during the latter part of the winter, and in the months of March and April, than at any period since the winter of 1847 and 1848. The epidemic appears to have been quite severe, being usually complicated with pneumonia, and sometimes with congestion of the brain, arachnitis, convulsions, &c., nevertheless few died, except in case of those who were previously laboring under phthisis.

In the neighborhood of Vandalia, we also learn from Dr. Haller, that erysipelas has occurred which has been of a more asthenic character than formerly, and bearing the use of tonics. In his report on the sanitary characteristics of Chicago, in *N.-W. Journal*, for May, 1855, Prof. Davis reports 8 or 10 cases of severe erysipelas. In some of these cases, he administered the tincture of the muriate of iron, giving 20 drops every 4 hours, prescribing at the same time turpentine, quinine, and opium. He states, that of the four cases in which the iron was given, it was successful in three, the other case was not benefited by it. In two cases of cutaneous erysipelas, occurring in children under three years of age, the Chairman of the Committee applied the tinct. iodine (diluted with alcohol so as to adapt it to their tender skins) externally, repeating the application as fast as the color faded, and gave at the same time alterative doses of calomel and pulv. Doveri: both these cases quickly recovered. In four other cases, to which he was called early this year, he administered the tinct. of the muriate of iron, 15 to 20 drops every three hours; applied externally the tinct. iodine, and gave calomel and Dover's powder, or quinine, &c., according to the symptoms, and all recovered.

Two other subjects demand our notice, milksickness and cholera. Of the first we have but one report, which we insert, it is from Dr. Haller. He says, "milksickness does occur in some parts of our county, and is confined to particular localities. We find it on small timbered streams, where the water, during a great part of the grazing season, stands in pools, as there is not enough to run. At these places animals get water, and in such localities as this we find the sloes. Our stock, that keep along the river and in the bottom, are not known to have the sloes. The soil along these little streams, is of a black loamy kind in some places and sandy in others, and as we get out from the creeks we find whitish-yellow clay, common on the post-oak flats. This disease occurs most frequently and is much worse in dry seasons than wet. Last season was uncommonly wet, and I did neither see nor hear of a case occurring in our county: notwithstanding, we had more malarial fever than was ever known before in one season—it occurs from the month of July up to cold weather. I am of opinion it is a mineral poison that does the mischief, and it so affects the animals solids and fluids, that whosoever eats of them becomes affected with animal poison, giving the symptoms we find when called upon to treat them. I am led to this conclusion from what I have seen among animals and men diseased with it. When I am called to see a man with the sloes, I commence giving him hydg. sub-mur. and opium, and continue it until I produce a slight ptyalism, at the same time open the lower bowels with glysters, then I give a good brisk purgative of croton oil, still keeping up the injections. After his bowels are thoroughly moved, if he needs tonics and his stomach is still irritable, I give a few sedative doses of quinine, and brandy *ad libitum;* after this I give tinct. ferri mur. and iodide potassium, looking out to keep the bowels in a laxative state. I continue the iodide of potassium so long as there is any torpidity of the biliary secretion and debility of the system. In short, my system is just about the same as I use for *painter's colic.* My success has been very good. I always ptyalize, and then give the iodide of potassium till they are entirely recovered."

Now, though we can by no means endorse the Doctor's etiology, pathology, or therapeutics, yet we are pleased to receive and to record descriptions of the localities of this endemic and of its treatment, as some further addition to the statistics of a disease about which, as yet, much prejudice, assumption, and theorizing has existed, but about which, as yet, we possess very few reliable facts. We only regret, as in other diseases, that he and others should assume that everybody means to describe a similar pathological condition by the same name. We are very much inclined to think that it would be wise for us in many cases to follow the example of the sign painter, who painted what he designed for a red cow, but supposing everybody might not come to the same conclusion as to what it did indicate, he wrote under it, *this is a red cow.* Now, we would suggest to our brethren, when *they* write the name of a disease, upon the features of which there is not universal consent, that they reverse the sign painter's course, and paint the lineaments underneath. For ourselves, we can confirm Dr. Haller's observation, of the absence of any cases of milksickness last year, and confirm his opinion, expressed by ourselves and others years ago, that it is always most common after *dry* weather. We were the more pleased to have some contribution to copy on this subject at the present time, in order that our brethren in southern Indiana might see that there is not such an utter want of knowledge of this disease as some of them appear to suppose. We refer to an article by our friend, W. H. Byford, M.D., of Evansville, copied from the *Nashville Journal of Medicine* into the *N.-W. Journal*, of this State, for January, 1856, and headed, "Milksickness, Poison, Tires, &c.," in which the author appears to be ignorant that any persons have ever written on the subject before, or to be aware that there is great diversity of opinion as to its etiology and treatment. And, though we are glad to see another and an able man publish his description of a disease which, like typhoid fever, appears to bear a different character, under one name, in different places; yet we should have liked to have seen that the Doctor, in writing a *Systematic Essay for the Benefit of the Junior Members of the Profession*, should have ascertained what others had done, and have referred to what others had written on the same subject, on which, as yet, all certainly are but inquirers and learners: he would perhaps have found, that, in 1810, the late Professor Drake wrote upon and, in 1841, published a pamphlet on the subject; that, somewhere about the same time, Dr. Seaton, in the White River country, in *Indiana*, published a long article on this disease; that Dr. Barber wrote on the subject as far back as 1809; that, in 1822, Dr. McCall, of Tennessee, published an article on this disease in the *Philadelphia Journal*, which is quoted in the *Cyclopœdia of Practical Medicine*, published in London, in 1833; that, in 1848, Dr. S. Thompson published an article on the subject, in the *St. Louis Medical Journal*, for November. In the *N.-W. Medical Journal*, for January, 1850, is the record of a case by Dr. J. M. Logan, of Palestine, Ill.; in the same journal, for May, 1850, in an article on "Malaria, &c.," by Dr. S. Thompson, of Ill., are remarks on the subject, with a description of six cases; that, again, in the same journal, is a paper by Dr. J. J. Lesher, of Mt. Carmel, Ill., on milksickness. That, in the Report of the Committee on Practical Medicine for this Society, in 1851, four pages are occupied with the subject. In the *Western Journal of Medicine*, published in Louisville, in May, 1852, is a long and most valuable article on the same subject, by Prof. L. P. Yandell, perhaps the most compendious paper that has been written, and giving many references to authorities, occupying more than 27 pages; but *Dr. Yandell* had never seen anything which had been written in *this* State on milksickness, or at least does not refer to it. In the same journal, in the same year we think, (we cannot lay our hand on it,) is the Inaugural Thesis of Dr. S. W. Thompson, on Milksickness. In the *N.-W. Journal*, for August, 1853, is a paper of 9 or 10 pages on milksickness, by Dr. Samuel Thompson, of Ill., being an essay read before the Æsculapian Society, and published by order of the Society; in the same journal, for May, 1852, is, also, a short article on the treatment of this disease, by Dr. C. W. Davis. Somewhere about 1844 or 1845, Dr. Solon Borland published a small pamphlet on milksickness, containing some interesting statements. Now, when our humble selves, in 1853, presented a very unpretending paper to this Society, on the "Uses of Turpentine," which they did us the honor to approve, *we* received chastisement with a cat-o'-nine tails from our old friend, Dr. Hall, of Toulon, about every month, for we forget how long—because we had failed to quote *all* that Dr. Copeland had written on the *same* subject; which chastisement we bore (as is our nature) in humble silence, though we were dragged round the country every month, with the terrific warning written on our backs, "Render unto Cæsar the things that are Cæsars," giving us at any rate, if not fame, notoriety. But what shall we say to our neighbor of Evansville, who, from so many contributors to this subject, has not noticed *one* — we transfer him to Dr. Hall.

In answer to our circular questions on this subject, this year, Dr. McBane says there has been no milksickness in his neighborhood. Drs. Payne, Nance, and Vincenz, report no cases around them.

On the subject of Cholera, the last-named gentleman relates, that, in June, 1854, a Swiss, lately emigrated, died of cholera. An American family, in the same house, father, son, and daughter, then died of the same disease in two days; that, not very far from this house, an elderly woman, and a young man and his wife died. In a house opposite to this, another man and his little boy died; and in the next house to this a young woman died. Dr. V. did not attend them, and does not know what treatment was used, neither does he state *what was the sanitary condition of the houses and their surroundings;* but in a previous part of his letter he says, there are no swamps or standing waters nearer than 4 miles in a S.W. direction; the village contains about 800 inhabitants, and the country is well cleared. Dr. Nance states that cholera made its appearance about 10 miles distant from Lafayette, in July, 1854; but that since then, till August last, there had been no more cases: then it commenced in a Swedish family, 3 miles from town; but he remarks that the filth *about* the house, with a hog wallow under it, were sufficient to account for any pestilence. Dr. Haller states, that, in May, 1855, there occurred 7 cases of cholera among the railroad hands, 5 of whom died, but that no case occurred among the citizens. And Dr. Davis, in the *Journal*, for Nov., 1855, shows that, from careful meteorological observations it appears, that in Chicago, heat and damp, with a S. or S.W. wind, develop cholera in those pre-disposed, while the *same* conditions, aided by sudden and frequent alterations of temperature, develop inflammatory dysentery. That, in 1855, cholera cases were imported as freely and as surely as in 1854; that, in the last-named year, the meteoric conditions above-named existed, and cholera made fearful ravagĕs; while, in 1855, with similar importations, but different meteoric conditions, it did not spread. We would here express our cordial approbation of his observations on what has always appeared to us nearly a waste of time and paper; we refer to "*mean* temperatures," &c. He truly says, "Observers have been too content with obtaining of mean or average results for given periods of time, without patiently observing the daily variations and coincidences. It is very easy to perceive, that the same month, in two successive years, may give very nearly the same *mean* both of temperature and atmospheric moisture; and yet these elements may be conbined variously in different parts of that time." We would recommend that the above paper be appended to this Report, as a most valuable accumulation of carefully-observed 'facts in relation to this subject. We also beg to append the whole letter of Dr. Nance, the topographical details, &c., of which are worthy of record, but are too copious to copy.

We have read with much pleasure in the *N.-W. Journal*, for January, 1856, Dr. Davis' very interesting article on the Preservation of Milk, and, though not applying very much at present to our wants in this State, it is of importance to us as emanating from one of ourselves, and also as showing that there really exists, at times, in the cities of the East, &c., a real *bona fide* milksickness, really caused by the ingestion of milk. Also, in the February number of the same journal are two very interesting cases, by Dr. Woodward, of Sharon, Ill. The first, a case of what we suppose might be termed traumatic pneumonia, is almost unique in its details. A piece of hickory nutshell passed down the trachea, and must evidently have entered the bronchia and wounded the lungs by its sharp, ragged edges. Pneumonia and symptoms of pleurisy supervened: every means of relief failed, when, on the 10th day, while apparently in the jaws of death, a violent fit of coughing came on, rupturing an abscess in the lungs, we presume, from which poured forth a stream of pus; and, after again sinking apparently beyond recovery, a second fit of coughing occurred, during which more pus and a piece of hickory nutshell, about ¼ inch long and ⅛ inch wide, was expelled, with more pus. She continued in a very precarious state till the 33d day, when an abscess began to point on the right of the sternum, towards the bottom, which was evacuated by a trocar—she slowly recovered. Was the abscess by the sternum an empyema or a collection of pus in the cellular tissue about the mediastinum? By the same author, in the same number of the journal, is a very instructive case, illustrating the value of Prof. Brainard's suggestions and experiments on the uses of iodine as a remedy for snake poison. Dr. Woodward is so impressed with its potency, as an antidote to animal poison, that he proposes to institute a series of experiments with it as a cure for hydrophobia.

In the March number of the *N.-W. Journal*, we find a very able address, delivered before the Æsculapian Society, by our old and valued friend, Dr. Washburn. We are not aware that its subjects come within the scope of our duties, other than as a paper creditable to our profession in this State, and deserving of serious consideration by us all. It assumes for our profession a high and noble standing, claiming high and noble conduct on the part of its members. It maintains the expediency of legislative enactment to protect the public against the fraud of quackery. And this is a subject on which many of our wisest members can hardly see the right course to take. Any action should be wisely and well weighed before entered upon. It appears to us that while the fact may not militate against the Doctor's views, that the grand fault of the age is *over-legislation.* To one point of Dr. W.'s address we would earnestly direct the attention of our brethren. It is his advice to *ourselves,* his exhortation to put away from among us the carping, jealous listlessness, which has made the ill-will of Doctors towards each other a proverb.

We are half tempted to step out of our department of practical medicine to make some comments upon Dr. Freer's admirable and compendious article upon injuries of joints, and of the elbow-joint in particular, in the April number of the *N.-W. Journal,* but we forbear. Our Report, though deficient of materials, is already extended, we fear, beyond the patience of the Society, and we will simply call attention to the very interesting paper of Dr. Goodbrake, of Clinton, recording the anomalous circumstance of a delivery of the placenta before the birth of the child; and yet that, nevertheless, the child lived. We presume this last fact was solely owing to the promptitude of the Doctor in introducing his finger into the mouth of the child before it was born, thus admitting air into the lungs. We always consider this precaution should never be omitted at the earliest possible moment after the rupture of the membranes. By Dr. Adams, also of Clinton, and in the same number of the *Journal,* we find a record of one of those strange freaks of nature, a monstrosity, an arrest of development, it appears, of certain bones and of other portions of the body.

Dr. Nance, speaking of pneumonia, remarks upon the non-occurrence of pleuritis. It occurs to us that another disease, with which, 8 or 10 years ago, we used to be much troubled, viz., scabies, has not presented itself to our notice for several years.

We have omitted to notice one well-written and instructive article in the *N.-W. Journal*, for March last, by Dr. J. W. McKinney, of New Albany, Ill., on the treatment of Meningitis, with a table of the results of treatment in 29 cases, also showing that it is in the five coldest months of the year that a very large proportion of such cases occur. The Doctor advocates V.S. as the sheet anchor; where this cannot be used, he depends upon calomel, ice, blisters, quinine, &c. Now, it appears to us, that while the energetic use of the lancet must be needful, and calomel, &c., are often indicated; yet that the Doctor overlooked the powerful sedative agency of tartarised antimony, which we think should have played an important part in the treatment, at any rate in cases where the lancet could not be used. *We* should, we think, have even ventured on the combination of tartar emetic, digitalis, and morphia, especially *after* bleeding, perhaps thereby saving much blood; while we confess we have great doubts of the propriety of blisters on any part of the head during the acute stage of a cerebral meningitis. Again, we suspect, that, in the case of Mr. J. F., the frequency and smallness of the pulse *in connection with all* the *other* symptoms did not justify the postponing V.S. till after the operation of an emeto-cathartic. We suspect the pulse would have *risen* with the flow of blood, and thus valuable time have been spared. The Doctor must pardon our criticisms, his experience has evidently been much greater in such cases than ours; for we presume 10 acute idiopathic cases of cerebral meningitis have not occurred in our practice in five years—another singular illustration of how even the acute phlegmasiæ may be endemics.

With these remarks we will draw to a close our voluminous report, with an earnest exhortation to the profession of our noble State, to rouse themselves from their lethargy; to consider, that upon *each one's individual daily* exertions and observations must be built up the dignity and wisdom of our profession; and a hope that every one of us will, from this day forth, note at the bedside the symptoms and treatment of every case we attend: and though many such cases may present nothing very important, the importance can never be judged of beforehand; and though *one* may be valueless, *many* may point to some truth or manifest some error—that we may thus have materials from which to supply facts for our committees to report on, and cases and essays illustrated by facts, for our medical journals to publish.

ARTICLE II.—*Annual Address of the President of the Illinois State Medical Society, read at the Annual Meeting in Vandalia, June 4th,* 1856. By N. S. DAVIS, M.D.

Gentlemen of the Society—By no means the least difficult part of my task, in preparing for the present occasion, has been the selection of a proper subject for our mutual consideration. Those miscellaneous topics relating to the education and ethics of our profession have constituted the theme of so many introductory and anniversary discourses, that they have lost all their novelty, if not their interest. On the other hand, I fear the full consideration of any particular disease would involve details alike tedious and inappropriate. A brief review of the present position of medical science, the tendencies of prevailing medical opinions, the special topics needing further investigation, and the best methods of conducting inquiries in relation thereto, would each and all constitute the subject of a discourse highly appropriate for an occasion like the present; but the proper consideration of such a theme requires far more time than has been at my command. I shall, therefore, relinquish these, and humbly invite your attention to the discussion of a single question, but one which, I trust, will not be devoid of either scientific interest or practical value. The question to which I refer, may be stated as follows, viz.: What influence are Alcoholic Liquids capable of exerting, either in preventing or curing tubercular disease of the lungs?

Whether we regard tubercular phthisis in its character as the opprobrium of the healing art, or as the universal scourge of Christendom, giving rise, annually, to more than one-tenth of the whole number of deaths that occur, it is, in either aspect, a subject worthy of the most rigid and persevering investigation. On the other hand, the relations which alcoholic liquors bear to the great social and moral interests of human society, invest every proposed application of them, even in the treatment of disease, with a peculiar interest and importance. There is, perhaps, no disease in the whole catalogue which better illustrates the mutations of medical opinions and the influence of popular theories on medical practice than tubercular phthisis. At one time, it is regarded as the direct result of the sudden atmospheric changes which occur in all countries north of the tropics; and, to counteract its progress, the patients were carefully confined in heated rooms, and treated with tar, naptha, and various medicated vapors. Next came the doctrine, that tubercular disease was simply the result of repeated congestions, and a slow inflammation of the pulmonary tissue; and the exhaustion of the patients was rendered more rapid by repeated small bleedings, blisters, tartar emetic sores, setons, antimonials, low diet, and sometimes mercurials; and, when they could bear these no longer, a change of climate relieved the Doctor, if not the patient.

But, within the last twenty years, as you are well aware, all this has been reversed. There are very few, at the present time, who regard tubercular deposits in the lungs as the product either of inflammation or of the congestions consequent upon ordinary atmospheric vicissitudes. On the contrary, they are almost universally attributed to some defect in the processes of assimilation and nutrition, arising either from hereditary predisposition, or from causes which depress the vital forces and render the organic actions defective. And even the few who still claim the agency of congestion or inflammation in the generation of tubercular deposits, attribute these primary morbid conditions to debility or depression of the vital forces. Thus Dr. Henry Goadby, of Detroit, in a recent article on Tuberculosis, says: "It invariably happens, in patients having a tendency to this disease, that the *vital powers are depressed* and the circulation feeble—the heart, in fact, has not sufficient power to propel the blood throughout the capillary phexuses which eminently distinguish the tissues the subjects of this disease."

Again, Dr. Theophilus Thompson, physician to the Hospital for Consumption and Diseases of the Chest, in London, when speaking of the *modus operandi* of the causes that favor the development of tubercles, says: "The unfavorable influences noticed in this lecture may be regarded as producing their effect, first, by *deteriorating the blood;* secondly, by occasioning congestion in the lungs." No sooner had this doctrine of debility, degeneration of the blood, and defective nutrition received the assent of the profession, than the old custom of resorting to warm air, depletive, and counter-irritation was abandoned, and various measures adopted, all having for their object the improvement of the strength and nutrition of the patients. At first cautious exercise in the open air by riding, a more nutritious diet, alterant tonics, such as iodine with bitter infusions, and anodynes to allay cough and irritability, were resorted to. But, seeing the almost uniform deficiency of fatty tissue in the consumptive, even in the incipient stages of the disease, and the extreme emaciation of the later periods, it was natural to infer that the radical defect in the nutritive processes was owing either to a deficient assimilation of fatty matter, or to an inordinate action of oxygen on the carbonaceous matter of the blood and tissues. Under the guidance of either of these ideas, with the medical mind thoroughly imbued with the chemico-physiological doctrines of Liebig in relation to the separate and specific offices filled by the two great classes of aliment, namely, the *nitrogenous* and non-nitrogenous or hydro-carbonaceous, it was to have been expected that the chief agents for counteracting the development and progress of tubercular disease, would be sought for in the latter class. Hence, we soon had added to the list of remedial agents, not only an ordinarily nourishing diet and free exercise in the open air, but also the use of cod-liver oil, cocoa-nut oil, fusil oil, and fat meats *ad libitum*. With all those patients whose digestive organs were capable of receiving and assimilating these oleaginous substances, they proved more or less beneficial, by lessening the rapidity of waste or emaciation and sustaining the strength; and, hence, the cod-liver oil quickly obtained a popularity and extent of use rarely equalled by any other remedy. Unfortunately, however, a large proportion of patients were soon nauseated by its use, and the profession were compelled to seek from the class of hydro-carbonaceous substances some substitute more palatable and yet calculated to fulfil the theoretical idea of neutralizing the action of oxygen on the tissues. For this purpose the various liquors, having alcohol as their active constituent, being at once palatable and ranked by Liebig and others as the most efficient and active of the whole class of hydro-carbonaceous substances, were readily chosen. At first, they were given cautiously and chiefly as vehicles to cover the taste and lessen the nauseous qualities of the oils; but, during the last year or two, they have been rapidly assuming a predominance and popularity which should at once challenge the closest scrutiny of the profession. So true is this, that free, nay severe, exercise in the open air, plenty of beef-steak, and wine and brandy *ad libitum*, constitute the popular prescription for the consumption of the present day, and that too by medical men of high reputation.

That I may not be accused of exaggeration, I will quote part of an article from the editor of the *Buffalo Medical and Surgical Journal*, as follows:—

"The contrast between the two ideas of treatment is a marked one. The venesection, the emetic, the blister, the iodine inhalations, the careful protection from air and from exertion, the abstinence from animal food and from stimulating drinks, incident to our former ideas, have given place to active exercise, to fat meats, and hearty diet, to vinous and alcoholic stimulants, and to what would once have been deemed reckless exposure to vicissitudes of weather.

"'I've been bleeding from the lungs since I saw you!' said a medical friend as he entered our office, and in reply to our inquiry as to what he had done for it, he answered coolly, *drinking whisky punch!* He followed up this pleasant remedy in moderation, and, so far as we know, has had no return of his attack."

After alluding to one or two other cases in the same general terms, the writer adds:—

"We could multiply cases. Even in those far advanced in the disease, we have *never failed* to witness more or less improvement as the result of this regimen. If it is the most promising of cure to the curable patient, it is also the most conducive to comfort in the incurable. We do not intend to discuss the pathology of the disease, or the rationale of the treatment in this hasty sketch; we wish only to declare our full conviction of the merits of the tonic treatment."

The article from which we have just quoted, was first published in the April number of the *Buffalo Journal*, and it has already been either copied, or alluded to approvingly, by a large portion of the medical journals of this country. It is true that some of them qualify their approval of the remedy, by a word of caution in regard to the moral effect of a general recommendation of alcoholic beverages in any disease. Thus, the May number of the *St. Louis Medical and Surgical Journal* contains the following:—

"*Alcoholic Treatment of Tuberculosis*—The able editor of the *Buffalo Medical Journal* bears testimony to the beneficial effect of alcoholic liquors in the treatment of phthisis. We fully agree with him that the most successful treatment will be found to be the alcoholic, combined with nourishing diet, including cod-liver oil and the like, and constant, and even violent exercise in the open air. But there is a serious moral objection to this treatment, which is worthy of consideration. *It does tend to make drunkards, and perpetuate the vice of intemperance.* The physician who cures his patient of consumption, only to precipitate him into a drunkard's grave, has surely done him anything but a favor. What we mean to say is this, that so dangerous a remedy as alcohol should be recommended with very great caution, even in cases in which it is clearly beneficial."

Having made the physiolological effects of alcohol, on the various functions of the human system, a special subject of study and experiment for several years past, and seeing clearly the tendency of medical opinion in favor of its use in the treatment of tuberculosis, I have, during the last twelve months, made a careful record of all the observations which have come within my reach, in relation to its influence both as a prophylactic and a curative agent for this disease. There are two distinct, but equally legitimate, methods of determining the value of any remedial agent. The first is purely philosophical, or inductive, and requires, on the part of the physician, an accurate knowledge of the nature and tendencies of the disease, together with an equally reliable knowledge of the natural or physiological effects of the proposed remedy. With such knowledge to constitute his premises, he may very confidently deduce conclusions concerning the effects of the agent, when applied to the prevention or cure of the disease. The second method is wholly empirical or experimental, consisting in the direct observation of the effects which follow the administration of any medicinal agent, without reference to any previous knowledge of the physiological relations of the agent. When both these methods of investigation are employed in relation to the same subject, and the results obtained mutually corroborate each other, the evidence or knowledge afforded is scarcely less certain than though it had been obtained by a mathematical demonstration. In further pursuing the question under discussion, I shall employ both the methods just named: the first briefly, but the latter more in detail.

In entering upon the first, two questions are presented for solution as the basis of all the subsequent steps, viz.:—

First, what are those conditions of the human system which constitute pulmonary consumption or a predisposition thereto; or, in other words, What is the true pathology of tuberculosis?

Second, what are the actual changes in the fluids and solids, or the properties and functions of the human system, produced by alcoholic liquors?

By a critical examination of the facts and opinions contained in our medical literature, we may reduce the answer to our first inquiry to the following propositions, viz.: Tuberculosis essentially consists in the formation and deposit of a partially-organized matter, which affords, by chemical analysis, most of the proximate and ultimate constituents of the healthy structures, and, under the microscope, is seen to consist of cells, many of which are imperfect, nuclei, and an amorphous granular substance; all of which seems to possess a strong tendency to further degeneration and the ultimate formation of pus. The conditions favorable to the development of the tubercular matter, are, either such a defect, hereditary or acquired, in the primary organization of the individual, that the processes of assimilation and nutrition are incapable of elaborating all the primary cell formations in that perfection necessary to fit them for constituting healthy structures; or a similar defect in the process of disintegration, by which the cells and fibrin, once constituting healthy tissue, are returned into the blood so imperfectly disorganized as to be incapable of excretion, and hence accumulate until they find a lodgement in some of the tissues. With either of these pre-dispositions, or rather defects, the place where and the time when the deposit will commence, and the rapidity of its increase, will depend much on accompanying circumstances. If the primary defect is in the assimilative process, and it be strongly manifested in early life, the more vascular structures, directly connected with that process, will become the local seat of disease, and we shall have the ordinary scrofulous enlargement of the lymphatic and mesenteric glands. On the other hand, if the defect be slight, or chiefly in the process of disintegration, and especially if it is not developed until the middle or later periods of life, the deposit will be by far the most frequent in the lungs; owing, no doubt, to their extreme vascularity—their liability to frequent congestions—and their being the seat of one of the most important excretory functious of the whole system. Such is a concise statement of the most enlightened views at present entertained in regard to the nature and development of tubercular disease, whether located in the lungs or elsewhere. So far as they are correct, it is evident that whatever tends to invigorate the system, improve the tone of the organized structures, and render the process of assimilation more perfect, on the one hand; and, on the other, whatever tends to aid the free oxygen in disintegrating and more perfectly excreting the matter of the tissues as they become effete or useless, tends directly to prevent or arrest the process of tuberculosis.

Hence, whatever may be the diversity of views in regard to other matters, all at the present day agree that pure air, free muscular exercise, a nutritious diet, and a cheerful frame of mind, are the best prophylactics, if not curative agents in phthisis; while confined and impure air, insufficient or indigestible food, sedentary habits, and depressing mental emotions, as certainly favor the development of the disease and hasten its fatal termination.

Our next step is to inquire concerning the effects of alcohol upon the blood, and, through it, upon the assimilative and depurative processes of the system, that we may see clearly its therapeutic relations, not only to phthisis, but to all other diseases.

There may be those who will regard a serious inquiry into the *modus operandi* of an agent, so long and so generally used as alcohol, entirely superfluous, it having long since been fixed, both in the popular and professional mind, as one of the most efficient stimulants and supporters of the temperature of the system which we possess. Whatever truth there may be in the old maxim, *Vox populi, vox Dei*, when applied to politics, it requires but little research to show the entire fallacy of the *vox populi* when applied to questions of science or medical philosophy. If we drop those popular notions and theories which we have unconsciously imbibed with our education and intercourse with society, and subject alcohol to the same experimental tests as are required to determine the effects of other agents, we shall be much more likely to arrive at reliable results. Such experimental tests have been applied at various times, and by some of the most eminent investigators of the present day, and the results have been so uniform as to leave no doubt in regard to their correctness.

When alcohol is administered in moderate quantities, one of its first and most prominent effects, (that indeed which chiefly attracts the attention of the community,) is a peculiar exhilaration of the brain and nervous system, coupled with a weakness or unsteadiness in the actions of the voluntary muscles.

While in this state, however, other effects, of far more physiological importance, are taking place in the blood and the elementary functions of the system. The usual proportion of carbonic acid gas fails to be thrown off in the expired air, as shown by the experiments of Drs. Prout, Bouchardet, myself, and others.* Carbon, consequently, accumulates in the blood, diminishing the change from veinous to arterial hue in the lungs, and directly diminishing all the organic and secretory actions of the system. As further and more demonstrative proof of the latter part of this assertion, it has been shown by recent experiments, that, when alcoholic drinks are taken even in moderate quantities, the aggregate amount of all the excretions from the body are less, in a given time, than when no alcohol is present in the system. Another proof of the same diminution of organic change, both nutritive and secretory, was developed by my own experiments, began in 1850, and repeated at various times since,† by which it was shown, that the diminished excretion of carbonic acid from the lungs, under the influence of alcoholic liquors, was accompanied and followed by a positive diminution of the temperature of the body. Again, when death has been produced, either in animals or men, by an over-dose of alcohol, the blood is not only found of a dark, venous color in the arteries as well as veins, but the coagulability of its fibrin is also impaired. I shall not trespass on your patience to inquire here, whether these effects of alcohol on the blood, and the functions of respiration, secretion, and animal heat, are owing to the direct affinity of the carbon and hydrogen of the alcohol for the free oxygen of the blood, by which the latter is prevented from exerting its proper influence in the processes of nutrition, disintegration, and excretion; or whether they are owing to the direct antiseptic qualities of the alcohol, by which it tends to arrest all change in organic matter, whether living or dead; a brief statement of the effects alone being all that the limits and objects of this address will permit.

---

* See Thompson's Annals of Philosophy, Vol. II.; also, Carpenter's Human Physiology, p. 306.

In answering the inquiry, what are the effects of alcohol on the human system, all my experiments and observations lead to the following conclusions, viz.:—

1st. The presence of alcohol in the blood produces a temporary exhilaration or excitement of the nerve structures.

2d. It diminishes the excretion of carbonic acid from the lungs; diminishes the change of color from venous to arterial blood; and diminishes generally the organic changes in the system.

---

* See *North-Western Med. and Surg. Journal*, 1851; also Address on Alcoholic Liquors, &c., Feb., 1855.

3d. It depresses the temperature of the body, and lessens the tone of the muscular structures.

If these conclusions are correct, (and it would afford me great pleasure to give the facts and experiments in detail from which they are deduced, were it possible within the limits proper for an address,) every member can see clearly the relations which they bear to the acknowledged conditions accompanying the development and progress of phthisis.

It is easy to perceive that the presence of alcoholic liquids in the system can neither promote healthy nutrition, nor facilitate the processes of disintegration and excretion, and, therefore, that there is no rational or inductive indication for their use, either for the prevention or cure of consumption. The idea advanced by Dr. Goadby, in the article already referred to, namely, that the immediate cause of pulmonary tubercles is the inability of the heart to circulate the blood freely through the intricate phexuses of the pulmonary capilliaries, affords still less indication for the use of brandy or any other alcoholic liquid. For there is no fact in physiology better established than, that whatever lessens the change from venous to arterial blood in the lungs, or tends to accumulate effete carbon in the blood, directly lessens the facility with which that fluid flows through the capillaries of those organs. And yet it has been an hundred times demonstrated by direct experiment, that alcohol, whether in the form of distilled or fermented liquors, produces speedily, and in a marked degree, precisely this effect on the blood. So marked indeed is this effect that, in some of my experiments, the air exhaled from the lungs one hour after three or four ounces of brandy had been taken into the stomach, contained more than twenty-five per cent. less than the normal proportion of carbonic acid gas. And whoever will observe the purple lips, the bloated and leaden face, the slow and almost stertorous breathing of full intoxication, will see abundant proof of the impeded circulation through the pulmonary capillaries. Still, Dr. Goadby, and many others recommend the use of brandy and wine "to increase the *energy* and *power*" of the heart, and *invigorate* the system. We fear that they, like the multitude of non-professional men, have mistaken the exhilarating effects of these fluids on the brain and mind for a true increase of organic vigor and energy. Certain it is, that they have not furnished us with a single experimental or demonstrative fact in proof of their position. Some of my audience may be ready to ask, if I would deny the almost universal sentiment of mankind, by claiming the broad ground that alcoholic liquors are neither tonic, invigorating, or supporting to the human system? I answer, unhesitatingly, Yes! and base my answer not merely on the deductions of the most careful and varied experimental researches, but ask, in return, What there is in the tottering and unsteady step, the impaired digestion, the frequent functional derangements of the kidneys, exhibited in a greater or less degree by all habitual drinkers, which is indicative of increased physical strength, vigor, or power of endurance? But I must hasten to the last department of my task, in which I shall confine myself exclusively to the results of clinical experience.

About one year since, my attention was directed to this branch of the subject, and I searched diligently the pages of our medical literature for some record of observed facts in relation to the use of alcoholic liquids in the treatment of tubercular disease; but I sought in vain. There were many expressions of *opinion* in the same general phraseology as that already quoted from the *Buffalo Journal*. It was undoubtedly true, that the editor's friend had "been bleeding at the lungs"—that he had drank *whisky punch*—and that he had no return of the attack, so far as he (the editor) knew. But, of what possible value is such a statement? It neither informs us when the bleeding occurred, how much punch he drank, *how long* he had remained exempt from the bleeding, or what else he had done besides drinking whisky punch during the same time. It is only a few weeks since a young man came to me with extensive tubercular deposits in his lungs. He had never had any hemorrhage from the lungs, but his physician advised him to go South, live on hearty food, and drink pretty freely of brandy every day. He did so, and in less than six weeks he was taken with copious bleeding from the lungs. Now, if I should gravely set forth this case, as proof that brandy produced hemorrhage from the lungs, it would be precisely of the same value as the statement about the *whisky punch.* An eminent teacher of surgery is in the habit of relating the case of a young man whom he supposed to be far advanced in consumption, but who went into the country, exercised freely, almost recklessly, in riding, hunting, fishing, &c.; lived on beef-steak and brandy, and returned home in apparent good health. But a writer in one of our south-western journals, relates another case equally advanced in disease, who also went into the country, endured the same reckless exposure, lived on nutritious food, and recovered equally good health, but without having used a drop of brandy or any other alcoholic liquid. I mention these merely as examples of what constitutes far too great a share of the practical part of our medical literature. *Post hoc, ergo propter hoc*, furnishes the only basis for far too large a proportion of our practical conclusions.

During the past twelve months, I have kept a careful record of all the well-marked cases of tubercular consumption which have come under my own observation. I have taken special care to ascertain both the present and preceding habits in regard to the use of alcoholic drinks in each individual case. The whole number of cases, so observed and recorded, is 37; of whom 10 were natives of the United States, 24 of Ireland, 1 of England, 1 of France, and 1 of Germany. Of the whole number, 26 were males and 11 females. Of the whole number only 6 were tee-totalers, or such as wholly abstain from the use of intoxicating liquors. Of the remaining 31, six drank alcoholic liquors only occasionally or at irregular intervals; while the remaining 25 drank either distilled or fermented liquors almost every day, until the pulmonary disease had made such progress that they were compelled to desist, either from want of means to buy it with, or from its positively aggravating the disease under which they were laboring; and six of the number had been, one or more years, what the world calls *habitual drunkards.* If we had taken the utmost care to select cases for the purpose of demonstrating experimentally, whether alcohol possessed any power to control the progress of tubercular development, by its continued use through a series of years, we could not have made the experiments more satisfactory than some of the cases embraced in this record. We select the two following in relation to the use of beer:—

Case 1—Mrs. D——, an Irishwoman, aged 21 years; has been in America two years; has been married eighteen months, and has one child, six months old. For two years before she came to America, she had been employed as a servant-girl in an English family; had been supplied with nutritious food, and a liberal allowance of beer, which she drank regularly and freely every day during the whole time.

After her arrival in this country, she continued to drink beer and occasionally other liquors, but neither so much nor so regularly as before. She began to have some cough before she sailed for this country, which has steadily increased, with all the accompanying symptoms of phthisis, until the present time. At present she is extremely emaciated, pulse rapid and feeble, exhausting night-sweats, copious purulent expectoration, with all the physical signs of extensive tubercular cavities in the upper lobe of both lungs. She says none of her immediate family are, or have been, consumptive, but she thinks one uncle died with that disease. About three weeks after the foregoing record was made the patient died.

Case 2—Mr. B——, a native of Ireland, aged 22 years; is clerk in a liquor store, or, in other words, a "bar-tender;" has been kept much within doors for more than two years; no proof of very direct hereditary pre-disposition, though some of his relatives have died from phthisis. He says he has drank regularly every day from three to six glasses of beer, during the whole of the last two years, and occasionally a glass of other liquor. He began to cough about six months since, and has continued to do so, accompanied by steadily-increasing emaciation, and all the ordinary symptoms of consumption.

He has now purulent expectoration mixed with tubercular matter, pulse from 90 to 110 per minute, frequent night sweats, and impaired digestion. The chest is flattened, especially beneath the left clavicle; dull on percussion over the same region, the respiratory murmur prolonged and cavernous, accompanied by a crackling and sub-crepitant ronchus, while the voice furnishes distinct broncophony. There can be no doubt but the upper lobes of the lungs are filled with a copious tubercular deposit, at present in the second stage of advancement, or that of rapid softening.

In these two cases it will be observed that the use of beer was commenced, in one, eighteen months, and, the other, two years before any active symptoms of tuberculosis were known to exist. And, though the drink was taken regularly, and for the most part at meal-time, it seemed to exert not even a retarding influence over the development of the disease.

In regard to the use of distilled spirits, some of the cases present still more striking experiments, but we will quote from our memorandum-book only the two following:—

Case 3—Mr. M——, a native of Ireland, but a resident in this country for fifteen years, aged 35 years; of medium size, dark hair, and apparently a well-developed frame.

Says he does not know of any cases of consumption in his own family, or among his more direct ancestors. He has been a country hotel-keeper during the last twelve or fifteen years, during all of which time, he says, he has drunk more or less alcoholic drinks, generally distilled spirits, almost every day, but not to the extent of producing intoxication. His wife died during the summer of 1854, and, for the succeeding eight or nine months, he drank liquor more freely, and continued to do so until the following spring, when he first began to be troubled with cough and symptoms of pulmonary disease. After the symptoms of disease had made considerable progress, he says, he was compelled to forego the further use of stimulating drinks, on account of their "making him worse."

Now, (Dec. 1855,) he is much emaciated, has copious and exhausting night-sweats, lips pale and thin, cheeks sunken, pulse 80 per minute in the morning and very feeble, in the evening, 120 per minute; appetite much impaired, bowels regular, cough frequent and cavernous, expectoration copious and purulent, with a distressing sense of suffocation at times. There is much depression of the infra-clavicular regions, but more of the right than the left. Over the same regions there is dulness on percussion, the respiration cavernous with gurgling rhonchus, and the voice affording plain pectoriloquy—in other words, there were large tubercular cavities in the upper lobes of both lungs. This patient died in about ten days after the foregoing record was made.

Case 4—Michael ——, aged 38 years; native of Ireland, but lived in this country several years; by occupation a laborer; accustomed to constant out-door work, and the use of hearty food; does not know that there is any hereditary tendency in his family to tubercular disease. Says he has drank all kinds of alcoholic liquors freely, but especially whisky, almost daily for the last fifteen years, and continued to do so, until his present disease had made such progress that he was compelled to desist. He commenced coughing about eight months since, but continued to work pretty steadily until the last two months. At present he presents every symptom and sign, rational and physical, of extensive tubercular disease of the lungs in the last stage of its advancement, as plainly as those detailed in Case 3. He died in the Mercy Hospital, about one week after he came under my observation.

Several other cases might be selected from the above list, strikingly illustrating the inefficiency of all the varieties of alcoholic drinks, either for preventing or curing consumption; but I have given enough to show, that, whether they are viewed in the aggregate or in detail, they afford no evidence in favor of the therapeutic value of alcoholic drinks in the treatment of tuberculosis. If you ask how I account for the prevalent popular and professional opinions in their favor, I answer, in three ways.

First, these opinions are based, with many, exclusively on the delusive idea, still very prevalent, that these liquors are actually tonic or invigorating to the human system under ordinary circumstances. They say, consumption is a disease of debility—alcoholic liquors are tonics—therefore, alcoholic liquors are beneficial in that disease. Like a recent writer in the *Westminster Review*, they reason *logically*. To prove that alcohol was food, he said "food is *force*"—"alcohol is force"—"therefore, alcohol is food."

Both employ syllogisms, but both forget to prove their premises; and both forget that we might, with just as good logic, say that food is force—steam is force—therefore, steam is food.

Second, the influence of alcohol in exhilarating the brain, in many cases, lessens for a time the extreme sensitiveness which accompanies some cases of consumption, renders the patient more tranquil, and thereby produces an apparent temporary advantage. Another influence of alcohol which I have described, namely, its tendency to diminish the organic actions and excretory functions of the system, enables it in some cases of phthisis, characterized by rapid emaciation, to check that process, and, in some instances, to give an apparent increase of nutrition by retaining more of the fatty matter in the system. But, in every case that has come under my observation, this apparent benefit has been only temporary, the apparent increase of nutrition unhealthy, and the patients in the end sink more rapidly than ordinary cases. In one instance of this kind, a *post-mortem* revealed extensive uncicatrized cavities in the lungs, extensive fatty deposits in the liver, and slight fatty degeneration of the muscular structure of the heart. Some have claimed that alcohol, by diminishing the processes of disintegration and waste, performed an office equivalent to the taking of more food. If this were true, opium would be much more efficient food than alcohol; and we should only require some agent capable of arresting disintegration altogether, to enable us to live perpetually without the inconvenience of paying board-bills.

Third, the greatest cause of error, in estimating the effects of alcohol on the consumptive, is the universal custom of recommending, along with the alcoholic drinks, a thorough change of habits, active exercise, nutritious food, and often a change of climate; and, then, making no distinction between the effects of the alcohol and the accompanying circumstances. All know, that, in many cases of chronic disease, if we give the patient bread-pills, and exact the proper exercise, diet, &c., they get well. They, of course, are willing to swear that the pills cured them: and, I much fear, that, in reference to alcoholic drinks, many physicians not only deceive themselves but their patients also. Two years since, I knew a gentleman of our city who found himself, in the autumn, reduced to a very feeble condition in advanced phthisis. He had been closely shut up by Homœopaths for two months; had hectic, night-sweats, purulent expectoration, and well-formed cavities in one lung. Being called upon for advice, I told him he had an incurable disease, but, if he wished to prolong life, he must ride out every day, take plain, easily-digestible, and nutritious food, and, for medicine, cod-liver oil and the cold infusion of wild cherry bark. He followed my advice. At first he had to be carried to his carriage; but he sooned gained sufficient strength to get in and out alone. He continued to ride through all the cold of winter, did a good business in buying pork for packing, but sunk and died during the first warm weather of spring. A *post-mortem* revealed simply extensive tubercular deposits and cavities in both lungs.

Now, if I had prescribed for that patient a glass of brandy or wine every day, and it had not positively prevented the favorable results, the latter would, most certainly, have been ascribed in a great measure to it. But he took not a single glass.

The great leading object of this address, is, to arrest the attention of the profession, and to entreat its members to adopt more rigid and careful modes of investigation; at least to avoid giving currency to those loose, general statements which can only deceive the sick, and sometimes give encouragement to habits which may plunge thousands of the well into irretrievable ruin. If I accomplish this, I shall feel amply repaid for all the labor bestowed.

ARTICLE III. — *Amputation at the Pubes for Cancer of the Penis.* By N. SHERMAN, M.D.

November 29th, 1855—By request, in company with J. W. Bennett, I visited K. R——, of Marshall County, Ind., who (the messenger said) had a cancer. On examination, the man presented a luco-phlegmatic temperament, with a decided scrofulous diathesis; very pale, much emaciated, strength rapidly giving way by frequent hemorrhages. In Sept., '54, he felt a slight itching, and discovered a scale or small wart. It continued to grow until June, '55. At this time it was about the size of the thumb nail. He became alarmed, and called in an old quack, who said it was a small thing—promised a cure in three weeks. But, alas! quackery was outdone; his applications only aggravated the disease, and, at the time first mentioned, the entire body of the penis was embraced by a pediculated fungous cancer, having its origin on the left of the median line, about one inch posterior to the prepuce. Received the case under advisement until Dec. 3d, '55, when, by the aid of Drs. Brown and Bennett, the patient was placed in front of the door, cross-wise of the bed, and brought under the influence of chloroform. I extended the organ as much as possible, and with a bold incision divided the integuments, *sigamentum suspensorium*, and *arteria dorsalis penis*—ligatured this; then divided carefully the *corporia cavernosa* to the arteries—secured them; and, with another incision, divided the *spongiosum* and one-half of the urethra. Holding the urethra by the *lenaculum* in *situ*, completed the operation. Placed a ligature through the lower edge of the urethra and cutis. Passed a gum catheter into the bladder. Dressed with adhesive strap, changing every other day.

January 4th, 1856—Completely cured, and down to the present time (seven months after the operation) he remains perfectly healthy.

Weight of cancer,	9 oz.
Mea't circumference,	9½ inches.
" length,	10⅜ "
" trans.,	10⅞ "

ARTICLE IV.—*A Case of Difficult Turning, complicated with Rigid Os Uteri.* By E. R. WILLARD, M.D., Wilmington, Ill.

The following case, occurring in my practice, was interesting to me as affording additional evidence in the local application of chloroform to produce speedy relaxation of the os uteri and vagina. If you deem the case of sufficient general importance for publication, it is at your service.

I was called (Sept. 20th, 1855,) to visit Mrs. L., (ten mil distant,) in her fourth confinement. She is a lady about 35 years of age, of nervous temperamen; constitution somewhat impaired, having suffered more or less during the last few years with miasmatic disease, and but just recovered from a severe attack of dysentery, which began near the last of July, and was treated principally with opiates.

The patient at present presents an ex-sanguineous appearance. Ascertained from the attending midwife the following particulars: that her labor commenced during the afternoon of the 18th, and that about 12 o'clock the following night the fluid amni was discharged, after which the pains ceased in a measure until morning, when they increased again in violence and continued until the time I saw her (Sept. 20th) — the patient describing them as severe cramps and stitches, rather than regular labor pains.

On making an examination per vaginum, found the labia considerably swollen; the vaginal canal dry, and the os uteri not sufficiently dilated to admit the index finger without considerable exertion. I diagnosed a presentation of the right side, the shoulder occupying the left illiac fossa, with the face posterior, and the uterus firmly contracted upon the child.

After stating to the friends the nature of the case and the danger, I proceeded at once to take such measures as I thought best, in the patient's debilitated condition, to overcome the dry, rigid, and inflamed state of the parts, and relieve as much as possible the contracted uterus before attempting the operation of turning, which consisted in the use of a warm bath and fomentations. Version was then attempted steadily and perseveringly, but without producing any beneficial effect. Dr. McKay was then called, and, after satisfying himself in regard to the nature of the case, fully acquiesced in the previous diagnosis. He thought it very doubtful whether turning could be accomplished, over fifty hours having then elapsed since the rupture of the membranes, but was induced to make an attempt which proved as futile as the one made by myself.

As no perceptible progress could be made in the present condition of the patient, we concluded to try the chloroform linament, locally, from having noticed favorable accounts of its application, in cases of rigid os uteri, in some of the recent journals.

The preparation used by us consisted of one part chloroform and two parts sweet oil. Upon making an examination a short time after its application, we thought the change produced in the parts sufficient to warrant a third attempt to deliver — the vaginal canal becoming bathed in mucus and the os uteri considerably dilated, while the tumefaction and tenderness was greatly relieved, insomuch that the hand was passed into the uterus without the least difficulty, and the turning accomplished with less than half the suffering manifested in either of the previous attempts, and the labor fully completed in a comparatively short space of time.

Child a male, weighing eight and a half pounds, healthy and vigorous. The after-birth followed directly, with but slight hemorrhage, and the patient convalesced rapidly, no bad symptoms srpervening.

◆◆◆

SELECTIONS.

On Carbonic Acid. Gas, as a Local Anæsthetic in Uterine Diseases, &c.

At a regular meeting of the Academy of Medicine, of New York, March 5th, 1856, Dr. Willard Parker, President, a communication was read from Prof. Simpson, of Edinburgh, addressed to the Academy.

It appears that Prof. Simpson was led to the use of carbonic acid gas as a local anæsthetic in painful conditions of the vagina, uterus, and neighboring parts, from reading the case of a lady, treated by Dr. Rossi, of Italy, and reported in the second edition of *Pereira's Materia Medica*, Vol. I, p. 155. In this case there was no organic disease, and merely an increased irritability, which was completely relieved by the injection of carbonic acid gas.

Prof. Simpson has frequently resorted to this treatment within the last two or three years; and, though not always with success, yet frequently with great relief, and occasionally with immense benefit. Several cases were given in illustration. One lady who had been bed-ridden for years from pain and bearing down when standing erect, was almost entirely cured by injections of this gas.

His method of applying it, is, to use a bottle having a flexible tube attached to the cork. The materials used for generating the gas, are tartaric acid, ʒvi.; bi-carbonate of soda in solution, ʒviii.; and water, ℥vi. The injection may be used several times a day. Other materials may be used.

Prof. Simpson adds, that the employment of carbonic acid gas as a local anæsthetic to the uterine mucous surface and other parts of the body, is not a recent discovery. Dr. Dewees, of Philadelphia, speaks favorably of it in his work (*Dis. of Fem.*, p. 269). Prof. Mojon, of Geneva, has used it frequently and with decided advantage.

Referring to ancient writers, the author is disposed to consider the practice of burning certain aromatic and medicinal herbs, and applying the fumes to the interior of the vagina by means of proper tubes, to be but another phase of this practice —as cabonic acid is the result of such combustion.

He also ascribes the beneficial effects of mineral waters, in many cases at least, to the topical application, by means of baths and injections, of these waters, which generally hold in solution large quantities of carbonic acid. Female patients have assured him of the relief they experienced from uterine pains while using injections of the waters of springs, as practiced at different German baths. The same is true in certain cutaneous diseases. The common effervescing draught, in gastric irritability and nausea, acts on the same principle. The injection of carbonic acid gas in dysentery, as practiced with success by Hey, of Leeds, in 1772, Perkins, etc., is directly in point. The benefit of the common yeast poultice, which gives rise to carbonic acid gas, may be similarly explained. Many other examples were alluded to in the paper, showing how frequently this agent is used in practice without recognition of its anodyne properties.

Dr. Detmold remarked, that members would recollect, that, about the year 1847, he called the attention of the Academy to certain propositions which he then made, proving quite conclusively that carbonic acid gas is the efficient agent in causing anæsthesia. The carbonic acid may be given as such, or one of its chemical ingredients may be so administered, that, finding in the blood the other constituents of this compound, carbonic acid gas is generated, and anæsthesia to a certain extent is the result. Thus, we may administer oxygen in large quantities, in the form of nitrous oxyde, (protoxide of nitrogen or laughing gas,) which has all the chemical reactions of oxygen, but is much more soluble in water and the serum of the blood than pure oxygen, and, therefore, is much more readily taken up. This compound meeting with the carbon of the blood, carbonic acid gas is formed in large quantities, with the production of anæsthesia to a certain extent. Or we may, on the contrary, administer the carbon, as the oxide of carbon or any of the hydro-carbons, alcohol, the ethers, etc.; in this case the blood again furnishes the other constituent of carbonic acid, (oxygen,) and anæsthesia is again the result.

The stage of excitement corresponds to the period of combination of these elements and the formation of carbonic acid gas. If the gas is administered as such, there will be no stage of excitement, but if the constituents combine slowly, and the gas is generated in limited quantities, there will be a corresponding stage of excitement. Thus, in the stupor of drunkenness, carbonic acid is exhaled in normal quantities, but as the stupor passes off large quantities of that gas are exaled. The venous state of the arterial blood during anæsthesia, is another proof that carbonic acid is being generated in large quantities. If it is true that in post mortem examinations of those dying while under the influence of chlorform, bubbles of air are found in the heart and blood vessels, it is highly probable that this air is carbonic acid gas, unless, perchance, it has entered the circulation by some mechanical lesion.

The only means, in his opinion, of any avail in restoring a patient from profound or fatal anæsthesia, is artificial respiration, or such other means as, by exciting reflex action, will restore respiration, and thus hasten the elimination of the carbonic acid gas. It has been recommended, in threatened and apparent death from anæsthesia, to resort to the inhalation of oxygen or nitrous oxide. Reasoning from the premises which he had given, such remedies would be in the highest degree dangerous. To satisfy himself in regard to this fact, he had made numerous experiments upon animals, and invariably found a fatal issue hastened by administering oxygen.—*N. Y. Jour. of Medicine.*

At a subsequent meeting, Dr. Detmold favored the Academy with a written exposition of his views of the rationale of the action of chloroform, sulph. ether, and nitrous oxide, the three agents employed for the purpose of producing anæsthesia. He attributes the action of all of them to the production of carbonic acid gas *in the system.* The first two supply the carbon, which absorbing oxygen from the blood, and the last supplying oxygen, which absorbing carbon, in either case carbonic acid is the result, which by its action on the living organism produces anæsthesia. This theory, though not absolutely susceptible of demonstration, is yet apparently based on a logical foundation, and finds a seeming confirmation in a number of well-known facts; indeed, it was elicited by the allusions made to the anæsthetic properties of carbonic acid, by Prof. Simpson in his recent paper, of which I gave an account in my previous letter. —*Med. and Surg. Reporter.*

The Treatment of Ague by Iodide of Potassium. By E. F. SANKEY.

Ever since I have resided in this village, (now for five years,) I have been dissatisfied with the usual treatment of ague by quinine, as in some cases the disease yielded to that remedy, and in others did not. But I could think of no other treatment likely to be successful, though I tried many, including arsenic, till, some three years ago, I read in a number of the *Medico-Chirurgical Review* (I forget which) that the German pathologists considered that the congested spleen (ague cake) was the cause and not the effect of the disease; and I remembered that Dr. Williams had written on the efficacy of bromide of potassinm in such a lesion; but not having that drug in my surgery, I determined to try the iodide of potassium instead in the next case of ague that came before me, intending, if that failed, to procure the bromide. But I am happy to say that the object of my writing is to state to my professional brethren that I have used the iodide of potassium now in considerably more than a hundred cases, and have never yet failed in curing the disease very quickly. In some cases, where the disease has been of long standing, and the patient very much reduced, I have added a grain or two of quinine to each dose of the iodide of potassium; but my general prescription has been for an adult: ℞.—Potas. iodid., ʒiss.; aquæ menth. pip., ℥xj. M. Coch. Mag., ij. 4ta quaque hora sumend. So that there could be no doubt what was the remedy that cured the disease. In proof of the value of this drug, I will only mention one case out of all that I have thus treated.

Mrs. Smith sent for me early last month, having suffered from tertian ague, off and on, since September. Not being in very good circumstances, she went to the clergyman's wife of the parish in which she resided, who very kindly gave her some quinine, telling her it was no use sending for the medical man, as he *must* give her the same remedy. However, not getting well, she sent for me. After hearing what I have related, and finding she had a tolerable pulse, her bowels open and motions healthy, with a clean tongue. I sent her nothing but the above mixture; and she never had a return of the ague after the second she took of it.

I shall be glad if, by inserting this letter, other medical men will try this remedy, and report to you their experience.—*Assoc. Med. Jour.*

The Influence of Occupation on Mortality.

The attempts hitherto made to determine the influence of professions on health are greatly reduced in value, in consequence of the inadequate data on which they are based. If Ramazzini and Thackrah could have known the facts of the last census, the observations resulting from their scientific and benevolent labors would have had the authority of natural law. That census sheds the light of statistical truth on the relation of professions and occupations to mortality, and brings out truths which no less extensive investigation would enable the most sagacious observer to anticipate.

It will be an incalculable advantage to obtain, by means of the next census, a scientific deduction as to the effect of each kind of occupation on mortality. As the initial step has been taken, we may expect it will be followed by others, in a path which, if beset with difficulties, cannot be traversed without leading to the most important and beneficial discoveries.

The last Census Report gave the number of persons in each occupation in 1851, and the Fourteenth Annual Report of the Registrar-General shows the numbers in those occupations dying at corresponding ages. In this early attempt to arrive at the ratio of occupation to the rate of mortality, it has been found that a difficulty arises from the want of definition of the various occupations, sufficiently clear and determined—a difficulty which can be overcome by giving more detail to future census operations. It is, for example, found impossible to distinguish the rate of mortality among the different classes engaged in the manufacture of silk, of cotton, of linen, and of woolen, as great numbers of them are grouped together under the designation of "Weavers." "Miners," whether in lead, iron, copper, or coal mines, fall under one general designation; and "Laborers," in the field or railways, in quarries and on the roads, are not distinguished from each other in the registers.

Still, there are certain occupations sufficiently defined to obviate all danger of their being confounded, and whose rate of mortality can now be recorded with certainty. We give these classes as the decennial period, ranging from 45 to 55,* as arranged in a Table (XVII) which shows the advancing rate of mortality in twelve occupations.

1. *Farmers.*—Of the twelve classes under consideration, farmers are the longest livers, their rate of mortality being not quite 12 in 1000 (11.99). The number of English farmers of all ages, 1851, including 2,429 graziers, was 225,747, of whom there were 53,608 between the age of 45 and 55. In that year, the total number of deaths among farmers of all ages, was 6,426, very much below the numbers which would have been registered had these individuals been engaged in other pursuits. These facts prove that the pure air, the daily exercise, the substantial fare, and the other aids to health enjoyed by this substantial class, considerably modify the influence of unfavorable weather, bad seasons, open ports, peculiar burdens on land, and all the other ruinous things which farmers' friends have been accustomed to depict in such gloomy colors.

2. *Shoemakers* hold the next place to farmers, their rate of mortality between 45 and 55 being 15.3 in 1000. They are followed by—

3. *Weavers,*	15.37	in 1000.
4. *Grocers,*	15.79	“
5. *Blacksmiths,*	16.51	“
6. *Carpenters,*	16.67	“
7. *Tailors,*	16.74	“
8. *Laborers,*	17.30	“

As will be seen, on inspection, there is among these seven occupations a gradual increase in the rate of mortality, which, considering their great diversity, is quite remarkable. The near approach of these occupations to each other in the scale of mortality, arises from the circumstance that they have peculiar dangers which tend to counterbalance each other. Thus it is to be noticed that the "tailor is not exposed to the explosions which are fatal to the miner, and the laborer has exercise which is denied to the tailor."

Ascending this scale of danger, we pass to—

9. *Miners,*	20.15	in 1000.
10. *Bakers,*	21.21	“
11. *Butchers,*	23.10	“
12. *Innkeepers,*	28.34	“

A great disparity is observable in passing from laborers into the class of miners, telling a tale of dangers, many of which result from criminal neglect. Between laborers and the last four classes in this table there is a remarkable hiatus. In the classes previously noticed, the difference in no case is no more than one in a thousand, and in some instances less. Here the difference begins with three, and mounts up to nine, in a thousand.

---

* The decade from 45 to 55 is the only age to which the Census Returns have been applied in the Fourteenth Annual Report of the Registrar-General. We shall have still more important results when these returns are applied to earlier ages.

The returns show that the highest rates of mortality are found among the butchers (23.10 in 1000), and the class of innkeepers and licensed victuallers (28.34 in 1000).

The extraordinary mortality of butchers is a fact for which we are indebted wholly to the last census. The "red-injected face" of the butcher has produced a wrong idea as to the healthy nature of his occupation. This idea is now corrected by scientific induction, and proper sanitary means will overcome the evil thus brought to light. To quote the significant remarks in the report conveying this fact, here is an important problem for solution: — "On what does the great mortality of the butcher depend? On his diet, into which too much animal food and too little fruit and vegetables enter? on his drinking excess? on his exposure to heat and cold? or, which is probably the most powerful cause, on the elements of decaying matter by which he is surrounded in his slaughter-house and its vicinity?"

If the rate of mortality among innkeepers, licensed victuallers, and beer-shop keepers should be siezed with avidity by the advocates of teetotalism, they must not be forbidden its use; at the same time they must be reminded, that "many highly-respectable men of this class lead regular lives, and are of steady habits; but others, exposed by their business to unusual temptations, live intemperately and enjoy less quiet at night than the rest of the community. They are exposed also to zymotic diseases by intercourse with large numbers of people."

Startling and painful as are these disclosures, they cannot be too widely published. They have a practical value among those who deal with the averages of life for commercial or benevolent purposes; while, to those more specially concerned, they show the necessity, for their own safety, of employing the measures by which unnecessary disease and premature death may be obviated—*Med. Times and Gazette.*

BOOK NOTICES.

The Medical Profession of Ancient Times: an Anniversary Discourse, delivered before the New York Academy of Medicine, Nov. 7, 1855. By John Watson, M.D., Surgeon to the New York Hospital. Published by order of the Academy, by Baker & Godwin, New York, 1856.

The work indicated by the foregoing title, although presented to the Academy of Medicine as an Anniversary Discourse, is, nevertheless, a handsomely executed octavo volume of 222 pages.

It is the result of much patient and careful research on the part of the author, and constitutes one of the most valuable histories of Ancient Medicine which has yet been published. In his introductory remarks the author says truly that:—

"To the initiated, Medicine is something more than a profession—it is a world within itself. It has its history, its philosophy, its politics, its literature, of which the world at large knows nothing. It has its subsidiary arts and occupations. It has its organizations and institutions, its ranks and grades of honor. It has its polemics and dissensions, not always amenable to logic or to the learning of the schools. In ethics, traditions, and superstitions, it is older than the church. In use before the civil law, it recognizes no arbitrary enactments: nature is its only court of equity. And who of us shall forget its ever-living charities; its moving scenes of joy and sadness; its many sunny aspects; its benignant, ennobling, liberalizing influences; which few beyond our own circle can properly appreciate, and none so well understand as ourselves!

"No wonder, then, that the members of our profession, drawn together by these hallowed ties, should be disposed to band together as a brotherhood. Such has always been their course. The Druids of early Gaul and Briton, the Asclepiadæ of Greece, the priests of ancient Egypt, the lamas of Central Asia, the Vaidhyas of India, the fraternities of the middle ages, and up to the present hour the countless societies and colleges of our own and other lands devoted to the healing art, are proof of this. So that wherever social freedom has existed, or tyranny would permit, internal organization and development has been the rule of our profession.

"With these facts before us, our origin and growth as an element of civilization, is a subject worthy of some attention. I propose to occupy the passing hour in contemplating it, so far at least as relates to the condition of medicine in ancient times, and among those people from whom the usages of modern society have been derived.

"This subject is one which has often furnished occupation for my leisure hours. It is pleasant as well as profitable to turn, on fit occasions, from the bustle of active life to the study of the past: to the origin of our art; to the principles and necessities that called it into being; to the struggles of our ancestry. We are thereby better able to understand our own position, to know how far we have advanced, to whom we owe our progress, the labor still before us, and the places we ourselves are likely to occupy in the estimation of those who are to follow us."

A work so purely historical as the present one, scarcely admits of analysis, and must be read to be appreciated. Dr. Watson's style is chaste and direct; and, in choosing such a theme and bestowing upon it so much time and labor, he has set an example we would be glad to see followed everywhere by those appointed to discharge the literary duties imposed by the various medical organizations of our country. The discourse of Dr. Watson is truly an honor to its author, to the Academy of Medicine, and to the literature of our profession.

N. S. D.

EDITORIAL.

Very Sensitive.

Our readers will remember that we published the entire proceedings of the American Medical Association in the June number of the *Journal*, accompanied by an editorial paragraph commendatory of everything except the *time* selected by the Committee of Arrangements for a Steamboat Excursion. We made no objection to the excursion itself, but only to the *time* chosen for taking it, viz.: the middle of the session and the best working day in it. This simple objection, which contained not a word disrespectful to the Committee of Arrangements, has called forth a formal response in the August number of the *Peninsular Journal.* In that response, the writer, after expressing "the gratification they (the Committee) have derived from the general manifestation of approval of those arrangements which have reached them from all parts of the Union since the return of the delegates to their homes," says, in reference to the boat-ride and our objections, as follows:—

"We cannot say that this departure from the usage of the Association was universally approved. The gentlemen composing it have at least quietly acquiesced in the arrangement. The complacency of the Committee has only been disturbed by a single voice of disapprobation coming from the editor of the *North-Western Med. and Surg. Journal.*

"As the business of the session was completed before the members of the Association dispersed, we are unable to surmise what loss was sustained by the suspension of labor on Thursday afternoon, unless it was the opportunity of listening to the annual speech of Dr. Davis, of Chicago. And as that gentleman has caused his propensities for water to be widely known, we are equally at a loss to comprehend the reasons for his preference of the evening parties where the aroma of a Roman punch bowl constituted one of the attractions, over an aquatic excursion conducted on temperance principles, unless it be a constitutional tendency to find fault, or a cultivated design to disapprove of whatever has not germinated in Binghamton and been transplanted to Chicago."

This paragraph, besides manifesting a morbid sensibility to criticism, contains mistakes, misrepresentations, and personal insinuations quite characteristic of the source from which it emanates. First, the "suspension of labor" for the excursion took place on *Wednesday*, the second day of the session, and not on "*Thursday afternoon*," as stated by "*one of the Committee.*" Second, we are represented as having expressed a "preference of evening parties, where the aroma of the Roman punch bowl constituted one of the attractions, over an aquatic excursion conducted on temperance principles." We neither expressed nor implied any such preference, and, if the "*Aroma of the Roman Punch Bowl*" constituted one of the *attractions* at the evening parties, the more shame to those who gave them, among whom was doubtless the very individual who penned the article and signed himself "One of the Committee." The personal insinuations about the "annual speech of Dr. Davis"—

his "constitutional tendency to find fault," &c., serve no other purpose than to indicate the feeling which animated the writer. Coming, as they do, doubtless, from one who might just as well sign himself, "One of the Editors of the *Peninsular Journal*, or President of the American Medical Association, as "One of the Committee," they will be duly appreciated.

Unprofessional Advertisements.

We have received communications, from time to time, asking our opinion concerning the propriety of certain modes of advertising by physicians. Generally these questions have related to some speciality, such as "Diseases of the Eye," or "Diseases of the Chest," and we have preferred to let the parties interested form their own opinions, referring them always to the established Code of Ethics. But we have recently received a handbill, which purports to have been issued by Drs. Kreider & Kimber, of Prairie City. It is couched in language so perfectly resembling the ordinary quack advertisements of the newspapers, that we were very much surprised to see the name of Dr. H. W. Kreider connected with it.

The following constitutes a part of this handbill, viz.:—

> "*Typhoid Fever.*—This much dreaded disease they are fully prepared to say that they can treat with universal success, having lost but three patients of this disease in nine years, out of several hundreds treated, and that many cases of this fever can be broken up in from three to six days, instead of allowing them to run from twenty to forty days.
>
> "*Consumption.*—The extensive researches which have been instituted by the Medical Profession during the past few years, and which have resulted in bringing to light new and effectual remedies, warrant them in saying that Consumption, if taken in its earlier stages, *can be cured.* They are happy to inform those interested that they are fully prepared with instruments and other means necessary for determining as to whether the lungs are diseased or not, and if diseased, to what extent; and they are also prepared with necessary remedies for arresting such disease, unless it is far advanced.
>
> "Fever Sores, Ulcers of long standing, Chronic Eruptions of the Skin, and various other Chronic Affections, such as Liver Complaint, Enlargement of the Spleen (commonly known as Ague Cake), Diseases of the Stomach, Scrofulous Affections, Diseases of Females, &c., &c.

"To the cure of these, their especial attention will be given, and which they are able to perform in the most successful and satisfactory manner."

When any regular graduate deliberately makes up his mind to commence such a system of advertising, he should precede the step by a return of his diploma to the institution from which it was obtained. The following is what the Code of Ethics, adopted by the American Medical Association, and by nearly all the State Medical Societies in the whole Union, says in relation to this subject. We commend it to the special attention of Drs. Kreider & Kimber:—

"SECTION 3. It is derogatory to the dignity of the Profession, to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with peculiar diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or favor or encourage such publications, except in approved medical prints; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Union Medical Association.

Pursuant to a call through the public press, the physicians of Southern Illinois met at Centralia, on the 1st day of April, for the purpose of organizing a Medical Society auxiliary to the State Medical Society of Illinois.

F. B. Haller, M.D., of Vandalia, was chosen Chairman of the meeting, and W. D. Green, M.D., of Mt. Vernon, Secretary.

The Society to be known as the UNION MEDICAL ASSOCIATION, of Southern Illinois.

The Association adopted a Constitution and a Code of By-Laws, also, a Tariff of Charges for the government of its members.

The following gentlemen were elected officers for the ensuing year:—

George W. Hotchkiss, M.D., *President.*

F. B. Haller, M.D., *Vice-President.*
W. D. Green, M.D., *Secretary.*
Wm. White, M.D., *Treasurer.*
A. D. Stearns, M.D., }
H. C. Winans, M.D., } *Censors.*
T. Wilkins, M.D., }

The meetings of the Association to be semi-annual, on the third Tuesday of May and the second Tuesday of November.

The next meeting to be at Salem, Ill., Tuesday, November 11th, 1856.

G. W. HOTCHKISS, M.D., *Pres.*
W. DUFF GREEN, M.D., *Sec'y.*

Fiske Prize Fund—Rhode Island.

We cheerfully comply with the request of Dr. Parsons to insert the following notice. We trust that some of our readers in this and other States of the Union will enter the lists to which they are so cordially invited with the profession of Rhode Island.—*Med. & Surg. Reporter.*

The Trustees of the Fiske Fund, at the late meeting of the Rhode Island Medical Society, offered a Premium of One Hundred Dollars for the best Dissertation on the following question:—"What are the causes and nature of that disease, incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation, and diarrhœa—and what is the best mode of treatment?"

They announce that such dissertations should be sent, free of expense, to their Secretary, S. A. ARNOLD, M.D., PROVIDENCE, R.I., by the first of May, 1857; each dissertation having a motto inscribed on it, and the same motto on a sealed packet, containing the name and address of the writer inside. A condition of receiving the premium is that the property in the dissertation must first be transferred to the trustees of the fund, who cause all successful dissertations to be printed and distributed.

The prize for 1856, on the subject, "Does pregnancy accelerate or retard the development of tubercle of the lungs in persons predisposed to that disease?" was awarded to Dr. Edward Warren, of Edenton, North Carolina.

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1856-'57.

The Regular Course of Lectures will commence on Monday, October 13th, and will be continued until the 1st of March.

FACULTY.

DAVID GILBERT, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
ALFRED STILLE, M.D.,	Professor of Theory and Practice of Medicine.
JOHN NEILL, M.D.,	Professor of Surgery.
J. M. ALLEN, M.D.,	Professor of Special and Surgical Anatomy.
JOHN J. REESE, M.D.,	Professor of Medical Chemistry.
JOHN B. BIDDLE, M.D.,	Professor of Therapeutics and Materia Medica.
FRANCIS G. SMITH, M.D.,	Professor of Institutes of Medicine.
H. W. DeSAUSSURE FORD,	Demonstrator of Anatomy.

Clinical Instruction will be given by Professors Biddle and Neill, at the *Philadelphia Hospital, Blockley,* during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The Students of Pennsylvania College—both *first-course* and *second-course*—will be furnished *gratuitously* with the Ticket to the Philadelphia Hospital. Second-course Students have the option of receiving gratuitously the Ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the session.

FEES:

For the entire Course of Lectures,	$105
Matriculation, paid once only,	5
Graduation,	30

The Dissecting Rooms will be opened in September, under the direction of the Professor of Anatomy and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M.D., Registrar,
No. 342 Walnut Street, below Thirteenth, Philadelphia.

ST. LOUIS MEDICAL COLLEGE.

The Regular Lectures in this Institution will commence on the First Day of November, 1856, and continue until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge during the month of October.

M. L. LINTON, M.D.,	Professor of the Principles and Practice of Medicine.
A. LITTON, M.D.,	Professor of Chemistry and Pharmacy.
CHARLES A. POPE, M.D.,	Professor of the Principles and Practice of Surgery and Clinical Surgery.
M. M. PALLEN, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
W. M. McPHEETERS, M.D.,	Professor of Materia Medica & Therapeutics.
CHARLES W. STEVENS, M.D.,	Professor of General, Descriptive, and Surgical Anatomy.
JOHN B. JOHNSON, M.D.,	Professor of Clinical Medicine and Pathological Anatomy.
J. H. WATTERS, M.D.,	Professor of Physiology and Medical Jurisprudence.
E. H. GREGORY, M.D.,	Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in Medicine and Surgery, are afforded by the several large Hospitals and Dispensary under the care of the Faculty. There is also an abundance of material for the study of practical anatomy.

Fees for the entire Course, $105. Matriculating Ticket, paid but once, $5. Dissecting Ticket, $10. Hospital Tickets, gratuitous. Graduating Fee, $20.

Students or others desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or, on arriving in the city, call upon him at his office, south-west corner of Tenth and Locust Streets, or on the Janitor of the College, corner of Seventh and Myrtle Streets.

July, 1856. CHARLES A. POPE, M.D., Dean.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. OCTOBER, 1856. NO. 10.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Laryngotomy, after Apparent Death—Recovery.* By Geo. Amerman, M.D., late House Surgeon of Bellevue Hospital.

Mary Smith, aged 25, widow, born in Canada; parents both living, and in good health. During her residence in Canada she enjoyed uniform good health, except having had those diseases incident to childhood, and one or two attacks of intermittent fever. At the age of fifteen she was married; one year after she was delivered of her first child, which was perfectly healthy and is still living. Two years after her first confinement, she gave birth to her second child, which was, also, at the time of birth in good health, but died four months after with some affection of the bowels. She then left her husband and removed to the city of New York. Two years after her arrival she contracted primary syphilis, which was cured in six weeks. One year afterwards she began to suffer from secondary symptoms—sore throat and eyes. Two years ago she gave birth to her third and last child, which, unlike the two preceding, was sickly and puny, and died at the age of thirteen months. Three months ago the difficulty of the throat greatly increased, and she was also attacked with rupia. She applied to a physician, but, owing to the exposure she was obliged to undergo, she failed to obtain relief, and was admitted into Bellevue Hospital, April 10th, 1856. At the time of her admission, she had large bullæ over the whole upper part of the body and head. The throat was not carefully examined; and I am unable to say whether or not it was ulcerated. She had no dyspnœa or pain; her pulse was good, but her condition indicated an impaired constitution and a general syphilitic cachexia. She was ordered small doses of hyd. bi-chlo., with the tinct. cinch. co., good diet, and anodynes at night. About five hours after my visit, I was hastily summoned to her by the nurse, who told me she was dying. I found her sitting up in bed, unable to speak and gasping for breath; her lips and ends of her fingers were livid, and the veins of the neck distended. The dyspnœa was so severe that it seemed to threaten immediate suffocation. On examining the throat, nothing was perceptible, except a general redness of the fauces, which was most intense on the anterior surface of the epiglottis. Pressure over the larynx caused some pain. Inspiration was more difficult than expiration. Physical examination of the chest revealed nothing abnormal. The air entered the lungs and was resonant throughout. It was thought expedient to try scarifications, which, however, proved useless. An emetic of zinci sulphas was next given, but without producing emesis. Her dyspnœa had now become so alarmingly urgent, that it was decided to open the air passages. Laryngotomy was the operation proposed, as the obstruction was thought to exist in the larynx—probably at the vocal cords. Some time necessarily elapsed in preparing the instruments, &c., prior to the operation; and, just as I was about to make the first incision, the patient gave a gasp, and apparently expired. All respiration, or efforts to respire, ceased. The pulse, which had been before extremely feeble and rapid, now became more so; and, in half a minute after she ceased to breathe, her heart stopped pulsating. At the moment respiration ceased, I proceeded rapidly with the operation, and in one and a half minutes succeeded in introducing the tube. Artificial respiration was resorted to, and in less than a minute (between one-half and one minute) natural respiration commenced. I think there was an absence of the respiration for at least two minutes, and of the pulse for at least one and a half minutes. The respiration ceased first and was first restored. When the patient was fully resuscitated, her pulse, though feeble, was regular and much slower, her respiration perfectly easy, and she sank into a quiet and refreshing sleep. Some trachitis followed the operation; but her recovery was as rapid as could have been expected. She wore the tube for twelve days, when it was removed and the wound allowed to close. Her rupia was treated with alterative doses of hyd. bi-chlo. and tinct. cinch. co.; but it seemed to have very little good effect, and, instead, large doses of iod. potassa were substituted, which acted promptly and beneficially. The large scabs became detached, and slowly separated, leaving a healthy ulcer underneath, which rapidly healed. Her recovery was complete. The wound in the throat closed, and respiration through the natural passages became free and easy.

REMARKS.

During my residence in Bellevue Hospital, laryngotomy was performed four times for syphilitic disease of the throat, and in all the cases the operation was successful. Two of them left the Institution entirely cured. In both, the tube was worn for a shorter time than one month, when they were able to breathe easily through the natural passages, all symptoms of disease of the throat having disappeared. The third case died, eight months after the operation, from lupus, which had extended to the base of the scull and excited secondary arachnitis, which was the immediate cause of death. In this case the tube was never removed. The fourth case was the one whose history I have given above. It was perfectly successful. The tube was worn for twelve days, when all signs of disease in the throat disappeared. This case is also interesting in two other particulars:—*First,* As showing the necessity of the operation; and, *Secondly,* the complete relief afforded by it. So far as these cases go, they point to the conclusion already arrived at by some surgeons, that, in cases of acute disease supervening on chronic syphilitic affections of the throat, the obstruction is situated in the larynx, and that laryngotomy affords relief, and hence, being an easier operation than tracheotomy, should be performed.

ARTICLE II.—*Injury of the Knee-Joint—Inflammation—Amputation—Recovery.* Treated by Dr. H. A. Johnson, one of the Physicians to the Mercy Hospital. Reported by P. J. Wardner.

Michael White, a native of Ireland, aged 44 years, was admitted, May 30th, with necrosis of the tibia, and severe inflammation in and about the knee-joint, which proceeded from an injury received in November last while laboring on the railroad. At the time of the injury he felt no immediate effects of a serious character, but in the month of January he fell, in passing out of the house, and gave it a severe sprain, which confined him to the bed, with much pain and swelling in the soft parts about the upper third of the tibia and outer condyle of the femur; for which he was treated by a German doctor up to the time of his admission. What his treatment had been we were unable to learn, but, when admitted, he had a severe cough, constipation of the bowels, was much reduced, and had a blister on both sides of the knee-joint. He was put upon such internal treatment as his condition required, with a view to allay the cough and regulate the bowels, after which he took tonics and alteratives, varied as circumstances required, with local applications to the part affected.

This treatment was continued up to about the 1st of July, at which time the cavity of the joint, and tissues surrounding and above it, were infiltrated with pus. The swelling began to extend up the thigh, and his general health to suffer very materially. On the 10th of July, the patient having been placed upon the operating table, Dr. Johnson made the following remarks to the students in attendance:—

"*Gentlemen*—The questions that naturally arise, are, first, as to the propriety of making any further efforts to save the limb; secondly, as to the propriety of the amputation of the femur. In reference to the first, the disease has progressed steadily and uniformly, so far as we can learn, from its commencement to the present time, notwithstanding the use of all those means which are generally followed by success in similar cases. The general condition of the patient has been such as to require constant treatment, and he is now rapidly failing. These considerations lead me to think, that it is not only useless, but that the life of the patient will be endangered by any further efforts to save the limb. While we wish to be regarded as an advocate of conservative surgery, we do not feel justified in deferring an operation when there seems to us, as in the present instance, to be a greater probability of the death of the patient without it, than the cure of the diseased member. In reference to the propriety of an operation in this case, the only question that remains to be asked, is, Does the history of the case, and the present condition of the patient, warrant us in the presumption that he will survive the operation and be ultimately restored to health? The probabilities are in his favor, therefore we shall proceed to operate."

The femur was amputated at the junction of the middle and lower third, the patient being placed under the influence of chloroform; after which he was put upon such remedies as were intended to repair the lost energies of his system. Nearly the whole extent of the cut surface united by the first intention. The ligature came away on the seventh day, and he was dismissed on the 7th of August with a perfect stump, and in good health.

ARTICLE III.—*Poisoning by Strychnine—Case of Wm. Palmer.* By J. C. MORFETT, M.D., Chicago.

The evidence in the celebrated case of William Palmer, tried and convicted of poisoning John Parsons Cook with Strychnine, is of so much interest, both in a medico-legal point of view and on account of the high position of the medical witnesses, that we will give a synopsis of it.

Mr. Cook was a sporting gentleman, of Rugely, England, intimate with Palmer, and was to have received £2,000 on Monday, Nov. 19th, 1855, in consequence of his horse having won a race, Nov. 13th. On Wednesday, Nov. 14th, the day after the races, Palmer and Cook were drinking brandy and water. After drinking part of a glass, Cook said, "There's something in it, it burns my throat. Palmer took up the glass and, drinking the balance, said, "There's nothing in it." Cook, after that, was seized with such violent vomiting that he was obliged to go to bed, but was relieved in the night. The next day Cook went to the races. On Friday, 16th, he dined with Palmer, and went to bed that night perfectly well. On Saturday, 17th, at an early hour, Palmer came to Cook at the "Talbot Arms," and ordered coffee for him. Palmer gave Cook the coffee, and, immediately after taking it, the same symptoms set in which had occurred to him on Wednesday. He continued sick all of that and the next day. On Monday, Palmer, who had been much of the time with Cook, left for London, and immediately Cook began to improve—sat up for several hours, and was altogether much better. Palmer returned to Rugely that same night, Monday 19th, at 9 o'clock, and at once visited Cook at the "Talbot Arms," and from that time until 10 or 11 o'clock was continually in and out of Cook's room. In the course of the evening he went to an apothecary, and bought three grains of strychnine. Mr. Bamford, the medical attendant, had that day sent to Cook some pills, such as he had previously prescribed, containing half a grain of calomel, half a grain of morphine, and four grains rhubarb. Palmer generally came in to administer the medicine. There is no doubt Cook took pills on Monday night: when Palmer left Cook that night, he was very comfortable, but, at 11, the servants of the house were alarmed by cries from Cook's room, and they found him in great agony and intense pain, shouting murder. *He was flinging his arms wildly about, and his whole body was convulsed. He was perfectly conscious,* and desired Palmer to be sent for. Palmer came directly and administered some medicine to Cook, which he vomited almost immediately. Shortly he became more calm, and called upon the servants to rub his limbs. He gradually fell into repose, and began to dose.

The next morning, Tuesday 20th, Cook was comparatively comfortable, and he was ordered to take pills at bedtime. These pills were made by Mr. Bamford, at his surgery, but were given to Palmer to administer to Cook. The latter vomited as soon as he took them. That night he was attacked as before, screaming violently, gasping for breath; his body convulsed with cramps and spasms, and his neck rigid. Cook asked Palmer for the same medicine which had relieved him before, and Palmer brought two pills, which he told the medical attendant were of ammonia. The sick man swallowed these pills, but brought them up immediately. He was instantly seized with violent convulsions; by degrees his body began to stiffen out, then suffocation commenced. He entreated to be raised, but his body was "stiff as iron," and it could not be done. He then said, Pray turn me over," and they did turn him over, when he gasped for breath and in a few moments died. Previously Cook had suffered from syphilis, but had been cured for some time.

At the coroner's inquest, Mr. Bamford, the medical attendant, testified that he died of apoplexy. At the post mortem examination, which took place Nov. 26th, six days after death, the body was found stiff and the hands clenched. The abominal viscera and brain were quite healthy, and normal in every respect; the heart was contracted, and contained no blood; the blood was in a fluid state; the spinal cord was not minutely examined, but found, as far as examined, in a healthy state; the stomach was opened its whole length, and with its contents and the intestines put in again for analysis. On the 25th January, two months after death, the body was examined again, and with the same result, except that on the spinal cord were found certain granules. This, Dr. Monckton said, he had frequently seen in old people, but was not sufficient to account for the symptoms.

Mr. B. Curling, who was examined, testified that he was familiar with tetanus, having written a work on the subject, and did not think the symptoms of Cook referable to that disease, as the sudden onset of the symptoms and their rapid subsidence are not consistent with either of its two forms, viz., idiopathic or traumatic.

Sir. B. Brodie, judging from the symptoms which accompanied Mr. Cook's death, was of opinion that, so far as there was a general contraction of the muscles, they resembled those of traumatic tetanus; but, as to the course these symptoms took, they were entirely different. He did not think death, in this case, arose from what is ordinarily called tetanus, either idiopathic or traumatic; neither were they the result of apoplexy or epilepsy.

Mr. Solly's testimony was substantially the same.

Dr. Alfred S. Taylor testified as follows:—I made a careful analysis of the stomach and intestines, without finding any trace of strychnia. I found antimony in the liver, one kidney, and spleen. I gave it as my opinion that he had died from the administration of that substance, because I was told that he had been taken suddenly ill, and died in convulsions. I did not then know his symptoms, but now think they were referable to strychnine. I have made experiments with rabbits; and, in two instances where strychnine was administered, have been unable to detect it after death. The symptoms of poisoning by strychnine are nearly uniform. In about five or six minutes, when the poison begins to act, there is a trembling, quivering motion of the whole muscles of the body; there is then a sudden paroxysm or fit, the fore-legs and hind-legs are stretched out, the head and tail are drawn back in the form of a bow, jaws spasmodically closed, and eyes prominent. After a short time there is a slight remission of the symptoms, and the animal appears to lie quiet, but the slightest noise or touch produces another paroxysm. Sometimes there is a sort of shriek as if the animal suffered pain; the heart beats violently after a fit, and, after a succession of fits, the animal dies quietly. Sometimes the animal dies during a paroxysm, and I only know that death has occurred, from holding my hand over the heart. The appearances after death differ: In some instances, rigidity continues; in one case the muscles were so strongly contracted for a week that it was possible to hold the body out horizontally by the hind-legs; in some instances I found congestion of the membranes of the spinal cord, but in others there was no departure from the ordinary state of spinal cord and brain: in all cases the heart has been congested, especially the right side. I believe the symptoms in Cook's case to have been produced by strychnine. Strychnine is absorbed, and where only a small quantity has been given at a time, and it has been carried into the circulation, it is impossible to discover it in the tissues.

Dr. G. G. Rees assisted Dr. Taylor in the analysis, and coincided with him entirely in the testimony.

Dr. Christison had also been unable to detect strychnia in the dead body of animals poisoned with it; and agreed with Dr. Taylor that it was sometimes impossible to detect it.

Dr. Thomas Nunnely deposed, that he had always found traces of Strychnia in the body in various stages of decomposition. It could not be absorbed without its presence being detected in the tissues or blood. No amount of putrefaction, within ordinary limits, will prevent the discovery of it—he had found it at the end of forty days. The sudden accession of the symptoms, screaming, vomiting; power to talk, swallow, and move freely, led him to believe that this was not a case of death from that poison. He never knew an animal to scream voluntarily after having taken strychnine. When there is so much spasm of the heart, there must be inability to vomit. He thought Cook's symptoms due to great excitement. In poisoning by strychnine, the rigor mortis is not greater than in death from other causes.

Mr. William Herapath testified, that in all cases in which strychnine had been given, he had been able to find it after death. He has found it in the blood, heart, and urine, besides the stomach. He could detect the fifty-thousandth part of a grain, if unmixed with organic matter.

Dr. Henry Letheby has witnessed many cases of animals poisoned with strychnine, and does not think the symptoms accorded with those attending the death of Cook. Strychnine is the most easily detected of all poisons; never failed to find it when it had been administered; always found the right side of the heart full.

Dr. Ungletson, a pupil of Liebig, testified that he has discovered strychnine in the tissues, urine, blood, and viscera. He administered half a grain to a cat, and detected it in the urine. If a man were poisoned with strychnine, he would expect to find it in the stomach within five or six days—should be confident of finding it even when administered in minute quantities. If a long interval had elapsed, would expect to find it in the liver, spleen, and kidneys.

The evidence in this case was so voluminous, that we have only given an abstract of it on some particular points. It will be seen that there was a conflict of opinion among some of the most eminent medical men who were brought as witnesses; and it was to give the views of these that we undertook this abstract. Those who wish to read the testimony in full, will find it in the *London Lancet*, for July, 1856.

ARTICLE IV.—*Singular Effect of a Blow on the Occiput.*

By the Editor.

Mr. F., a native of Ireland, aged about 22 years, previously in good health, while sitting on his sewing bench at work as a tailor, received a severe blow with a press-board directly on the most prominent part of the occiput.

The blow was sufficient to lacerate the scalp and produce temporary unconsciousness. From the latter he soon recovered, and, after having the wound dressed by a surgeon, he was carried to his lodgings.

The following day, June 8th, I was called to see him. I found the wound looking well, and the patient without any symptom of disease or injury, except a slight acceleration of pulse and heat of skin, with total inability to swallow either fluids or solids. If the patient made a strong effort to swallow, the liquid would no sooner reach the pharynx than it was forcibly ejected through the mouth or nostrils, or both, accompanied by severe spasmodic action of the diaphragm and great distress in the epigastrium. Finding no evidence of either fracture of the skull or compression of the brain, I simply directed cold applications to the occiput, the bowels to be moved by an enema of salt and water, and entire quietude.

The next day, I found the patient in precisely the same condition, except that the slight febrile symptoms had disappeared; the bowels had moved well, and the patient felt well, except the entire inability to swallow a drop of anything, and the spasmodic action of the diaphragm and respiratory muscles consequent upon every attempt to do so. I directed a continuance of the cold cloths to the head, and a blister to the back of the neck.

June 11th.—The blister drew well, but produced no change in the symptoms. The patient, when at rest, feels perfectly well, except a sense of oppression or tightness around the lower part of the chest; the skin is cool; pulse 70 per minute, soft and natural; the wound in the scalp nearly healed, and entirely destitute of inflammation. The inability to swallow was still complete, although the efforts to do so were accompanied by less spasmodic action of the diaphragm, and less distress than at first. To afford the patient some support, and, at the same time, produce some change in the condition of the nervous system, I directed a teacupful of beef-tea, containing ten drops of tinct. opii, and the twelfth of a grain of strychnine to be introduced into the rectum, each morning, noon, and night, These were continued daily, the whole being retained until completely absorbed, and they afforded the patient so much nourishment that very little emaciation ensued, although the patient remained without swallowing a drop until the 22d, fifteen days after the injury.

From the 16th to the 22d there was a gradual change: the spasmodic action which was so distressing to the patient at first, whenever an attempt was made to swallow, entirely ceased, and liquids would pass at least two inches down the œsophagus, where they would be invariably arrested and forced back. After causing the patient to make a faithful, but unsuccessful, attempt to swallow both liquids and solids, on the 22d I passed an elastic stomach tube through the œsophagus into the stomach; through it I introduced half a pint of cold water, there being neither beef-tea nor milk at hand, though I had asked them to have both ready: the tube was then withdrawn. In passing it, there seemed to be a very slight resistance about midway between the pharynx and the cardiac orifice of the stomach. It gave the patient no pain, and at no time had there been any soreness of the throat. In a few hours after the stomach tube was withdrawn, the patient succeeded in swallowing, and in a few days entirely recovered.

ARTICLE V.—*Medical Knowledge.* By J. R. FREESE, M.D., of Bloomington, Ill.

From the days of Hippocrates, down almost to the present, Medical knowledge has been confined to the few, while the great mass of mankind have neither sought or cared to know anything concerning it.

Twenty years ago, the idea of having physiology taught in our common schools would have been thought preposterous; and even the leading colleges of our country, while they were careful to teach their classes Xenophon's Anabasis and Memorabilia, Demosthenes de Corona, Evidences of Christianity, Natural Philosophy, Aristotle's Art of Poetry, Geology, Zoology, &c., yet they never once thought it important to add the study of ONE'S SELF; as though to *know ourselves* were of but little importance in comparison with knowing the "dead languages," and sciences, from which we could never hope to reap any practical advantage!

I, for one, am exceedingly glad that a change is beginning to take place on this all-important subject; that the first principles of our noble science are beginning to be disseminated among the people; that our common schools have introduced the study of physiology, and our literary colleges made it a part of their studies; that well-informed physicians have thought it no disgrace to our profession, and no breach of medical ethics to lecture to the people on physiology and hygienic law; that physicians, instead of holding themselves aloof from the people, as though they were part and parcel of a separate creation, are beginning to mix with the people and converse with them in such a plain yet scientific manner as to enlighten, instead of be-fogging the minds of their patrons. To me these signs are propitious, and I hail them with great joy.

I am also well pleased to notice a greater amount of sociability among the members of our own profession; and a disposition not only to permit and urge on the spread of true medical knowledge among the people, but a free interchange of sentiment, to spread knowledge among ourselves. Dr. Palmer, of Chicago, in his report on the "Organization of

State and County Societies," made to the American Medical Association, at its recent meeting at Detroit, has done the profession a great service; and, if his plan is adopted and carried out, not only will the members of the profession be benefited, but the people of every State and County, in which such an organization may be effected, will be correspondingly benefited.

In proportion to the amount of medical knowledge among the people, will be the respect and honor paid to the well-informed physician. Quackery can only flourish among the ignorant—and the greater the ignorance, the greater the quackery. A competent physician has no need of cloaks or seals to his profession. He knows his business, and if he is so fortunate as to have a set of patrons who understand something of the human system, of the laws of health, and the power of medicines, he will grow up among them to be loved, honored, and cherished for his knowledge of head, and goodness of heart.

Of course I admit, that the *amount* of medical knowledge necessary to make a competent physician and surgeon, must always be confined to the few, comparatively, because there are only a few that will go through the long study, and spend the amount of time and money, necessary to such an end: yet, in admitting this, it lessens not my hope and my strong desire that true medical knowledge will continue to spread among the people; that it will continue to be made a part of common school and collegiate education; that the professors of our medical colleges, and especially our medical journals, will mingle more with, and be scattered more among the people—teaching them a knowledge of themselves, and the means whereby to prevent and to cure the many ills to which human flesh is heir to.

I look forward to the effects of such a spreading of medical knowledge as a kind of medical millenium; and, having strong faith in its steady and rapid approach, I hope, myself, to live long enough to see it and enjoy a share of its professional blessings.

ARTICLE VI.—*Case Bronchitis—Pleurisy, with Effusion—Pneumothorax—Death.* By Ralph N. Isham, M. D., Chicago, Ill.

James Marr, aged 40, married, a native of Ireland, by occupation a stone-dresser, was first seen by me Jan. 15th, 1856.

No hereditary tendency to disease traceable; both of his parents died at an advanced age of life.

The patient, a muscular, well-developed man, of medium stature, states that "he has never been ill a day in his life," until his present attack. Is not a temperate man, and at times indulges *freely* in intoxicating drinks.

Ten days previous to my first visit, (Jan. 5th,) after exposure to wet, he was siezed with "shiverings of cold," lasting some hours, and followed by a sharp pain in the left side, aggravated by deep inspirations. He states that he was bled freely from both arms, and blistered by his medical attendant, who, for some unknown reason, abandoned his case.

Present Condition.—He complains of pain in the left side, a severe and harassing cough, accompanied with a viscid, frothy, white expectoration, showing no blood under the microscope, and which has been present from the commencement of the disease; skin hot and dry; pulse full, soft, and accelerated; tongue coated with a greasy white fur, edges red; bowels regular; appetite poor; insomnia.

Physical Signs.—Left side, posteriorly, from inferior angle of scapula to the base of the lung, dulness on percussion; over a space, bounded by the dulness superiorly and inferiorly, and extending three inches from the spine, is heard bronchial respiration, but none heard over the left auxiliary and lateral regions; increased vocal resonance over space above bounded. Sibilant and sonorous rales heard over the whole chest. Ordered C.C., (dry,) xij., to each chest, and ipecac., with Dover's powder every third hour.

Jan. 17.—Pleuritic effusion in left chest has taken place: ordered diuretics and flying blisters. Feels much improved, pain in the chest absent, and considerable moisture of surface.

19*th.*—Has grown gradually weaker; fluid increased; considerable dyspnœa; profuse perspiration; tongue still coated, and no appetite. Moderate stimulus added to treatment, with generous diet.

23*d*.—Dyspnœa increasing. Œdema of feet and ancles first noticed; no œdema of chest. Tongue coated, pulse rapid and feeble. The fluid has reached the middle of dorsum of scapula. The heart's apex beats at junction of fifth rib and sternum—left side. Bronchial respiration is heard over a space one inch square, at level of fluid, and about four inches from the spine. Sonorent and sibilant rales diminished, but not entirely absent.

23*d, Vespere.*—Patient suffers from orthopnœa; the countenance is anxious and of a dusky hue; pain on percussion of left chest, amphoric respiration, and metallic voice, and cough heard on left side. No metallic tinkling; no resonance on percussion; no change in the expectoration.

Considerably relieved by the use of proper remedies.

28*th*.—Physical signs the same, with the heart further displaced; apex pushed to the right side, having, as it were, swung upon its axis. Tympanitic percussion in front of left chest.

The patient had refused to submit to the operation of thoracentesis, being somewhat relieved by the use of proper remedies; but, on the 7th of February, he became suddenly worse, and died.

Duration of illness, 33 days.

Sectio Cadaverous—20 hours Post Mortem.—A trocar introduced into the left chest, between the eighth and ninth ribs, posteriorly, (erect posture,) gave exit to pus, in amount 40 ℥. The lung was found pushed up to the anterior superior portion of chest, adherent to the front and side, but not behind. A small strip of lung extended posteriorly nearly to the diaphragm, and was adherent to that muscle by a dense band of false membrane. The remainder of the chest was filled with pus and air.

The blowpipe, introduced into the trachea, inflated both lungs tolerably well, but failed to detect the point of perforation. The trachea was then dissected up, and the blow-pipe introduced into the left bronchus, when bubbles of air arose through the water placed over the lung, showing the perforation which had taken place at the point where the bronchial respiration had been so persistent during life. The opening was valvular, and concealed by false membrane. No tubercles existed in either lung. Heart natural; liver large and fatty; kidneys slightly granular, and weighing 8¼ oz. each.

The occurrence of bronchial respiration in pleuritic effusion, is not a rare phenomenon, and, as is illustrated by this history, may occur in *recent* as well as in chronic cases. In two examples recorded by Dr. Graves, the usual signs of effusion were well marked, and, being of an urgent nature, paracentesis would have been performed but for the presence of this bronchial respiration, which was heard over the anterior portion of chest in a line drawn vertically through the mammary region, and also posteriorly above and below the scapula. On dissection of these cases, which was similar in both, "a strong adhesion extended from two inches below the clavicle of the affected side in a line passing through the middle of the mammary region, nearly to the bottom of the anterior part of the lung." "This adhesion, about two inches in breadth, was very firm and close, so as to form an intimate union between the pulmonary substance and the anterior parieties of the chest, and extended nearly from the apex of the lung to its base. Along this line the pulmonary tissue formed a plate of compressed lung, two inches in thickness, which, like a vertical partition, divided the pleural cavity into two chambers, each filled with sero-purulent matter, and separated by the lungs, extending from its root to its anterior adhesions."*

Its presence in these cases, as well as the one under consideration, may, perhaps, be partially accounted for by the entrance of air into the larger bronchial tubes, which were not obliterated; but, why it is so often absent, is still unexplained, and can only be solved by careful observation.

The absence of rales, the displacement of the heart, and the bulging of the intercostal spaces, are the signs upon which we are chiefly to rely in distinguishing the bronchial respiration of pleurisy from that of pneumonia. In the resolution of the latter, its disappearance is accompanied by the rales crepitans redux, which are of course absent in pleurisy.

---

* Dublin Hospital Reports, Vol. V.

This case, furthermore, shows, that the obliteration of the intercostal spaces is not necessarily present in cases of empyema even when the heart is displaced and the lung much compressed. And from the fact that it does not occur in pneumonia; that in emphysema it is accompanied with resonance on percussion; and that in simple pneumothorax, although the action of air upon the pleura gives rise to rapid effusion, supplanting the resonance by dulness, it may be distinguished by Hippocratic succussion whether the perforation is closed or not, renders this a valuable sign where present. Its absence in this case tends to establish the correctness of Dr. Stokes' opinion, that it is caused by paralysis of the intercostal muscles, produced by inflammation of the pleura; for effusion to a great extent was undoubtedly present, accompanied with eccentric pressure, necessarily great on account of the valvular arrangement of the perforation, which, whilst it readily admitted the air in the chest, prevented its easy egress.

On reviewing this case, no question as to the perfect propriety of paracentesis can be raised, had the patient consented, occurring, as it did, in a good subject, without tuberculosis, and a fluid of a purulent character.

SELECTIONS.

On the Alkaline Method of Treatment in Acute Rheumatism.

By James Graham, M.D., Prof. of Materia Medica and Therapeutics, in the Medical College of Ohio.

Dr. John H. Griscom, one of the Physicians to the New York Hospital, has recently presented to the profession the results of his experience in the treatment of acute rheumatism by the alkaline method, and these results correspond so closely with my own at the City Infirmary, during my late connection with that Institution, that I venture to offer a few general remarks on the subject.

Dr. Griscom's statistics comprise twenty-six cases, and the average time that his patients were under treatment was about thirteen days; the duration of the whole attack averaging about twenty-one days. Dr. G. asserts, that under the most improved plans of treatment heretofore pursued, the average duration of treatment has been about six weeks. There is one point to which this physician particularly alludes, in which his experience is strongly corroborated by my own, viz., the freedom from cardiac and other complications which attended the alkaline treatment. In not a single instance did such complication manifest itself after the patient's admission into the Hospital, and the testimony of the other physicians of the Institution establishes the same fortunate exemption.

I was first led to try the alkaline method by the perusal of Dr. Henry William Fuller's most excellent work on rheumatism. Dr. Fuller, as many are aware, maintains that in acute rheumatism the blood is contaminated by a poison, "which is at once the source and maintainance of the mischief;" and he further asserts, (p. 73,) that this *materies morbi* is an acid, or an acidulous compound, which can be eliminated only by a free exhibition of alkalies and neutral salts. He admits, however, that purgatives, sudorifics, and diuretics, by promoting the various excretions, may assist in accomplishing the object, yet alkalies are essential to prevent the further formation, and to effect the elimination of the morbific element. The remedy preferred by Dr. F., is the potassio tartrate of soda, which is readily decomposed in the stomach, acts quite as energetically, and is much better tolerated than corresponding quantities of the alkaline carbonates. Dr. F. made some experiments to determine the efficacy of impregnating the joints affected with alkaline matter, and though these were not sufficiently extensive to enable him to form a positive opinion, yet, on the whole, they "proved extremely satisfactory." The most serious complication of acute rheumatism, it is needless to add, is heart disease. The frequency with which this occurs, may be inferred from the statistics collected by Dr. Fuller, during the period he held the office of medical registrar at St. George's Hospital, London, viz., from the 1st of January, 1845, to the 1st of May, 1848. Of 379 cases observed by him, embracing all the examples of acute and sub-acute rheumatism admitted, the heart was healthy in 160 instances, in 32 *probably* healthy, while in 187 it was temporarily or permanently deranged to a greater or less extent. These statistics certainly present a most formidable aspect, as some form of disease existed in about half the cases. Now, to preserve the heart from mischief, according to Dr. Fuller, it is necessary not only to take precautions against inflammation, but to maintain the solubility of the fibrin of the blood, and, for this purpose, I am satisfied we must rely on the free administration of alkalies and the neutral salts—the experience of Dr. Fuller, Dr. Griscom, as well as my own, having satisfactorily shown that they surpass all other agents in preventing fibrinous deposits on the valves. Dr. Griscom administered the sup. tart. pot. et soda. in drachm doses, every hour, and ordered an anodyne lotion of carb. potas. and tinct. opii to be applied to the joints affected. Alteratives and evacuants preceded the employment of these remedies, according to the indications presented. The severity of the symptoms was found to diminish as the urine became less acid.

I am aware that Dr. Roderick Macleod, who, at the time of the publication of his work on rheumatism, (1842,) was also physician to St. George's Hospital, has given the results of his experience in the treatment of rheumatism, based on 400 cases attended by him in his public capacity, and that he claims in favor of the blood-letting and purging treatment the average duration attained by Drs. Fuller, Griscom, or myself. For example, of 266 cases, 148 were discharged cured within a month, 110 within a fortnight, and 60 within eight days. Dr. Hope asserted, that under a similar method of treatment, in his practice, the cases were exceptional which were not cured within a week. Dr. Corrigan, with large and repeated doses of opium, cured his cases in nine days. Bouillaud, by copious and repeated abstraction of blood, required from one to two weeks for the same purpose, and yet, if report be true, he lost six out of eighteen patients from cardiac disease.

But I have extended my remarks beyond the limits which I proposed. My only object, in offering a few observations on the alkaline method of treatment, is to bear my humble testimony in its favor, fully believing, as I do, that it is capable of effecting a more speedy and perfect cure than any other plan that has ever been adopted. To those who are skeptical on the subject, I would recommend the study of the facts collected in Dr. Fuller's treatise. In this a comparative view may be taken, which, in my opinion, must satisfy every unprejudiced mind. It will there be found, that the boasted success of the authors whom we have mentioned, admits of considerable qualification, and is in reality less than has been asserted.—*Western Lancet.*

Ununited Fractures. Stated Meeting, New York Academy of Medicine, July 2, 1856. The President, Dr. W. PARKER, in the Chair.

The discussion of the subject of Ununited Fractures being in order, it was opened by

Dr. Detmold, who stated the cause of non-union to be both local and constitutional; but sometimes no cause could be assigned. The old method of causing union, was, to excite inflammation between the fractured extremities, by friction, blisters, the seton, &c. Resection and wiring the ends together, was another mode. Dr. D. stated that Dr. Mott's cases (where the seton had been employed) were only successful where it had been necessary to *drill*, in order to introduce the seton; and he thinks that Dr. Mott was misled in this way. Dieffenbach resorted to drilling and fastening with ivory pegs. Five years ago Dr. D. had tried boring with a common gimlet, and was successful in all cases. A Committee from the Academy had seen one of these operations. This method was afterwards claimed by a Western surgeon (Dr. Brainard).

Dr. Buck referred to the local conditions preventing union, such as portions of muscle or tendon getting between the ends of the bone. Dr. B. gave the history of a case in which union of the humerus was prevented in this manner. In the tibia and fibula it is sometimes almost impossible to keep the upper fragment of the tibia in place, and the union of the fibula often kept up this difficulty. Dr. B. spoke of Malgaigne's apparatus for overcoming this displacement. He had both failed and succeeded with both seton and exsection. The perforating method was generally successful in about twelve weeks. Friction was useful where the cases were not of too long standing.

Dr. Detmold stated that he had been successful with the perforating method, where Dr. Buck had failed with the seton. He had also been very successful with a fractured ulna, after the third trial. One great advantage of the perforating method, was, that it leaves no unpleasant symptoms. He had often operated at his office, and allowed the patient to go home. Another advantage was, that it could be repeated any number of times; another, that it does not shorten the limb. He had never failed in the operation. He repeats the operation in one week, if no union has taken place.

Dr. Buck stated that he introduced the seton in a case, by means of perforating, and union followed; but, afterwards, it was again broken, and the patient came under the treatment of Dr. Detmold.

Dr. Parker considered this question important for all practitioners, as it often occurred when no cause could be assigned for it, when there was no fault on the part of the surgeon, and was often the basis of mal-practice suits. In non-union of the lower extremities of hospital patients he used the starch bandage, recommended all possible use of the limb, together with good diet, fresh air, and stimulating drinks. *Excision* (as introduced by White, of Edinburgh, in 1760, and improved by J. K. Rodgers, of this city, by wiring the ends together,) was often successfully employed. *Electricity* is useful; he knew of one case treated successfully by this agent. Dr. P. had noticed that operations on the upper extremities were followed with less success than on the lower, and asked for an explanation of this. He had been successful with the drill; and asked if any benefit was derived from leaving the chips or borings in the hole—he thought there might be.

Dr. Detmold agreed with Dr. Parker that these bony particles, or debris, served as a nucleus for the new union.

Dr. Stone thought that in these cases of fracture it was especially important to ascertain whether the case was one of *delayed union*, or one of *true false-joint*, where the bones were covered with cartilage, and where a new synovial capsule existed. In the upper extremity, particularly in the humerus, false joints were not uncommonly found, and the fractured extremities, if oblique, could not be readily approximated. In such cases he did not believe the operation by the gimlet, as proposed by Dr. Detmold, would be likely to succeed, or that any operation promised success unless it had for its objects the removal of the cartilage and destruction of the capsule, and the approximation of the broken extremities to each other. In the lower extremities, especially in fractures of the tibia, it was extremely rare to meet with cases of false joint. He (Dr. Stone) had never met with a single instance, and was disposed to regard them rather as cases of *delayed union*, which would readily unite if a very little inflammation could be excited. Dr. Stone would expect to obtain this result by the repeated application of blisters; others, by rubbing of the bones together; but, Dr. Detmold, by boring with a gimlet. This suggestion of Dr. Detmold was a useful one; but in the fact of union taking place in a week, it proved that very little inflammation was necessary. Dr. Stone had been on the Committee who investigated Dr. Detmold's cases, and had then come to this conclusion. As to the idea that the dust or debris contributed to the union, he must confess that it seemed to him to be truly fanciful; he should suppose that the dust must necessarily be removed in abstracting the gimlet; or, on the supposition that it might possibly be left behind, he should regard this as an untoward accident, which would be likely to act as a foreign body and produce abscesses.

Dr. R. S. Kissam remarked that he was successful in one case of non-union of the humerus, by means of the starched bandage.

Dr. Batchelder remarked that fractures are solutions of continuity in the bones, which heal in the same way as do like solutions of continuity (wounds) in the soft parts, *i. e.*, by the first or second intention. When the fractured extremities in simple fractures are brought and kept in apposition, the lacerated vessels, pertinent to the bone in the immediate vicinity of the fracture, inosculate, and union by the first intention ensues, as in wounds in the soft parts; with this exception, that the earthy matter which immediately surrounds these vessels at the place of fracture must be first absorbed. This preliminary step is accomplished in a longer or shorter time, according to the age of the patient, or size of the bone. When the crepitus ceases to be perceived, it is an indication that the absorption of the earthy matter is nearly or quite completed; and as motion at the place of fracture diminishes, we infer that re-union is progressing about in proportion to the diminution of abnormal motion; so, when this motion has ceased, the inference is that union has taken place, and that the process of re-deposition of ossific matter among and around the vessels has begun, or will soon begin, and continue till callus is completely formed, provided the fractured parts are kept in position and motionless. If such motion be allowed, the newly-formed vascular union will be broken up, and the re-union will be prevented, and the process have to be gone over with again. When the parts are much disturbed and the union repeatedly broken up, the vessels, thus foiled in their attempts to repair the injury, refuse to renew their efforts, but, uniting with the periosteum, form a ligamentous union, which, while it serves as a connecting medium between the ends of the bone, keeps them asunder, and prevents bony union. To get rid of this interposed ligamentous substance, and cause absorption of the earthy matter surrounding the vessels in the immediate vicinity of the fracture, is the first object which surgery should aim at as essential to the cure. In the larger bones this ligamentous union is very conspicuous, and is most perfect in cases of ununited fracture of the neck of the femur. In these cases, the capsular ligament is folded in between the fractured surfaces, and acts in the first instance as an extraneous body which tends to prevent osseous union, but which in the end contributes mainly to that which is ligamentous. The objects to be aimed at in all our endeavors to cure ununited fracture, are:—1. To get rid of this interposed ligamentous substance; 2. To promote or effect the absorption of the earthy matter which surrounds the vessels at the broken ends of the bone; 3. When this is accomplished, to bring and keep these ends in apposition, that the vessels thus prepared may inosculate and unite as they should do, and probably would have done in the first instance if they had had fair play, or if there had been no fault in the patient's constitution. The method which Dr. B. has adopted and practiced, (with few exceptions in favor of the starch dressing,) is, to wind a bandage firmly around the affected limb, in order to prevent swelling below the part to which the appropriate application is to be made. This done, a piece of thick sole-leather, soaked in water until perfectly soft and pliable, cut and fitted exactly to the limb, and long enough to reach from joint to joint, and sufficiently large to cover the whole, is to be applied and bound firmly on with a bandage. While this dressing is being consolidated, great care must be taken to put and keep the fractured extremities in perfect apposition, or as nearly so as possible; which is best accomplished, when the lower extremity is the affected member, by relays of assistants, who will hold the parts *in situ.* When this dressing has become dry and consolidated, measures should be taken to make the lower fragment press firmly against the upper. As nothing in the system can resist pressure, and as newly-formed parts yield readily to its influence, the interposed ligamentous substance, of which we have spoken, and also the earthy matter immediately surrounding the vessels at the fractured ends, are soon absorbed, and the vessels which have been thus freed of osseous matter will unite, and the union be re-established. In case of a lower extremity, it may be proper to let the patient get up and move about with the help of crutches, and, perhaps, bear more or less weight upon the foot, taking care to do it in such a way as to cause as little motion between the fractured ends as possible; especially after a short time; as motion, if kept up, would infallibly prevent union. If it be the humerus, the patient should be confined to his bed, and an apparatus, besides the rubber-splint, be so contrived and applied as draw the lower fragment up, and force the fractured surfaces to press firmly one against the other, which cannot be so well done in the erect or sitting posture as in the recumbent. This bone (the humerus) is the one in which the artificial joint most frequently occurs, and in which the usual methods of cure have most signally failed. In reflecting upon these facts, it has occurred to Dr. B. that both these accidents were to be imputed to our mode of treating these fractures; splints are firmly bandaged on, which, with the weight of the limb below the fracture, prevent the muscles drawing the lower fragment up, and causing it to make the requisite pressure against the fractured end of the upper portion — in which opinion he has been fully confirmed, when finding at the end of several weeks there was no union: the impending evil has been immediately obviated by applying an apparatus which caused the fractured ends to press one against the other. He believes that this method of treatment will effect a cure in most cases of ununited humeri, even of long standing.

In compound fractures, union takes place by the second intention, which does not usually commence, or is not appreciated, until the external wound is nearly or quite closed. Dr. B. remarked that the starch bandage, the gutta percha splint, and probably the gypsum bandage, as recommended by Dr. Mathysen, (which he had never tried,) will no doubt be found better than the leather splint, which was resorted to many years before anything was known of even the starch bandage, or the "dextrine," as recommended by Prof. Van Buren.

Dr. Batchelder exhibited a specimen from Dr. Finnell's collection, of ununited fracture of the radius and ulna, which beautifully illustrated the manner in which the ligamentous union is formed.

Dr. Finnell remarked, that the man to whom the ulna and radius, referred to by Dr. Batchelder, belonged, had good use of his arm. In St. Vincent's Hospital he had often found it necessary to use stimulants freely. He approved of electricity.

Dr. Phelps observed that all present must conclude, that the main point in practice was to secure a certain amount of inflammation in the ends of the bone before union could be produced.

Dr. W. Parker said, that the question seemed brought to two points:—1. Where there is no union by ligament; and, 2. Where there is a false joint. So long as the inflammation is mild, there is no union. Again, there is such a thing as too much inflammation. Diarrhœa, lactation, burns, suppuration, &c., may prevent union. A physician of this city who had a fracture and an injury of the brain, was severely salivated, and no union took place until the salivation ceased, at the end of thirteen weeks. The system must be brought to the ordinary standing point, by correcting it if deranged, and bringing it to a proper tone. But, in a false joint, an operation must be performed.

Dr. McNulty presented an instrument for the purpose of introducing a platinum wire between the ends of an ununited bone, by means of which he proposed to pass a galvanic current to act as a cautery, and thus produce inflammation and union. Dr. McN. was requested to give the history of the cases in which he might try it.

BOOK NOTICES.

Physical Exploration and Diagnosis of Diseases Affecting the Respiratory Organs. By AUSTIN FLINT, M.D., Professor of the Theory and Practice of Medicine, in the University of Louisville, &c. Philadelphia, Blanchard & Lea, 1856.

This volume has been on our table for several months, waiting a notice—waiting not from want of merit in itself, but for want of time on our part to give it such an examination and review as it deserves. This time we have not yet found, and we bespeak the indulgence of both author and publishers.

Dr. Flint is one of the most industrious and energetic men in the medical profession of this country. His previous contributions to our medical literature, have won for him both American and European reputation, and we assure our readers that the present volume is full of valuable and interesting matter. The work is divided into two parts: the first of which treats of Physical Exploration of the Chest; the second, of Diseases Affecting the Respiratory Organs. We present the following summary of the sounds heard on percussion, both for the purpose of showing the doctrines of the author, and for their intrinsic value:—

SUMMARY.

"The abnormal sounds developed by percussion are distinguished from each other, and from the normal thoracic resonance, by variations in timbre, or quality, in intensity, in pitch, and in duration. For practical purposes it suffices to arrange them into divisions based on differences in intensity and in quality; variations in pitch and duration furnishing incidental characters. Thus arranged, the several classes of abnormal sounds are as follows: 1, exaggerated vesicular resonance; 2, diminished resonance; 3, absence of resonance; 4, tympanitic resonance."

1. Exaggerated vesicular resonance is characteristic of vesicular emphysema. It is highly distinctive of that affection, unless the distension of the cells and expansion of the thoracic walls be very great, when the sonorousness may be diminished. Exaggerated resonance from emphysema retains the vesicular quality distinctive of normal resonance, but this quality may be diminished more or less, and the sound approximate in timbre to the tympanitic. In proportion as the latter alteration takes place, the pitch is raised."

"2. Diminished resonance, or dulness, occurs, as a general rule, when a thin stratum of liquid removes the lung a short distance from the chest; when the pulmonary substance is condensed by pressure of liquid effusion within the pleural sac, or, more rarely, by fluids in the bronchial tubes, by serous effusion within the cells or areolar tissue, and by vascular engorgement; by tumors encroaching on the thoracic space, and by deposit of solid products within the lungs, viz,, coagulable lymph, tubercle, carcinomatous matter and a bloody clot; *cœteris paribus*, the degree of dulness is in proportion to the extent to which the air-cells are compromised, and the relative quantity of air to the solid parts reduced. Important exceptions to this rule are observed. In a large proportion of cases of pleural effusion, the percussion-sound above the level of the liquid, for a variable period during the progress of the disease, is exaggerated, and in its character tymanitic. The same is true of the percussion-sound over the healthy lobe on the side in which the lower lobe is solidified in pneumonitis. A tympanitic resonance is propagated from the stomach and intestines in cases of soidlification of the lower lobes, more especially the left lobe. It accompanies also, sometimes, partial solidification from tubercle, or other deposits at the summit of the chest. Whenever the sound becomes dull, the pitch is raised, and the duration shortened. The pitch is also higher when it becomes tympanitic. The diseases in which diminished resonance occurs, with the exceptions just stated, are pleurisy and hydrothorax, above the level of the liquid; pneumonitis; œdema of the lungs; great congestion; pulmonary apoplexy; carcinoma, and tuberculosis."

"3. Absence of resonance, or flatness, is occasioned by an accumulation of liquid in the pleural sac, and exists below the level of the liquid; sometimes by complete solidification in pneumonitis, and by tumors, or morbid growths. An increased sense of resistance, under these circumstances, is marked."

"4. Tympanitic resonance embraces all abnormal sounds (exclusive, of course, of flatness, which is, strictly speaking, absence of sound), which are non-vesicular. It exists in the most marked degree in cases of pneumo-hydrothorax. But in this affection, if the walls of the chest are distended so as to be made quite tense, the sound may become dull, although in character still tympanitic. The sound transmitted from the stomach or intestines, when percussion is made over solidified lung, is purely tympanitic. The sonorousness sometimes existing overcon densed lung, or lung solidified by morbid deposits, at the summit of the chest, is also more or less tympanatic. A tympanitic resononce may also be developed by percussion over tuberculous excavations. In the latter case it is circumscribed in extent. Tympanitic resonance, under these circumstances, occasionally presents a ringing metalic intonation, and it is then called *amphoric resonance*. This modification is sometimes observed when sonorousness exists over solidified lung. Another modification is a *cracked-metal sound* (*bruit de pot fele*), sometimes produced by percussing over a cavity of considerable size, superficially situated, having rigid walls, and communicating freely by several orifices with the bronchial tubes. The same peculiar sound, however, has been, repeatedly observed in children at the summit of the chest, being caused by the forcible expulsion of the air from the bronchial tubes."

The chapter on Auscultation contains full directions for the examination of the chest, and a careful and accurate description of the different sounds that may be heard: first, in a healthy chest; and, secondly, in one affected by disease. The different sounds are carefully analyzed and traced to their physical causes. We observe a change in the nomenclature, so far as the term *rude* respiration is concerned—the author substitutes the term *bronch-vesicular* as indicating both the character and source of the sonnds. It is described as follows:—

"*Inspiration* presenting vesicular and tabular qualities mixed; shortened in duration; pitch raised; intensity variable; sometimes alone present. *Expiration* oftener present; frequently existing alone; prolonged; occurring after an interval; pitch higher than that of inspiration, and oftener more intense."

The chapter on the condition of the Physical Signs is so important, that we quote the greater part of it, premising that a careful study of the previous chapters is requisite in order to fully understand it:—

SIGNS CORRELATIVE TO THOSE FURNISHED BY PERCUSSION,

"1. *Exaggerated Viscular Resonance.*—Occuring in consequence of the activity of the lung on one side being supplementarily increased, the correlative sign pertaining to auscultation is an exaggerated vesicular murmur. Under such circumstances, however, these signs are not intrinsically morbid. They are physiological phenomena exaggerated, but not to a point to be in themselves pathological, and they denote intra-thorcie disease, not at the portion of the chest corresponding to the situation where they are observed, but, inferentially, at another part, and generally on the opposite side. A correlative sign obtained by inspection and mensuration is increased extent of the respiratory movements. The pathological relation of exaggerated resonance to emphysema is more direct and important. The morbid condition in this affection consists in an abnormal accumulation of air, generally within the pulmonary cells, in some rare instances in the interlobular and sub-serous areolar tissue. The correlative sign derived from auscultation is directly the reverse of that in the previous instance, viz., diminution of the respiratory murmur, amounting sometimes to suppression. This combination is highly significant. Other auscultatory signs are frequently associated, but they are incident, not purely to the emphysema, but to coexisting affections, especially bronchitis. This remark applies to the bronchial rales so often present in cases of emphysema. Associated signs, determined by inspection are thoracic enlargement, general or local, corresponding to the extent of the emphysematous dilatation; diminished respiratory movements; obliteration of intercostal depressions; diminished obliquity of the upper ribs, divergence of the lower, and convergence of the upper ribs; if the emphysema be general. The relation of exaggerated resonance to emphysema is the rule; but occasional exceptions are present in cases of great tenseon of the thoracic walls from the pressure of an over distended lung. In these exceptional instances the resonance may be diminished in place of being exaggerated. The viscular quality of resonance in cases of emphysema is rarely if ever lost, but it is more or less diminished. It is vesiculo-tympanitic. In proportion as the intensity of resonance is diminished by tension, the vesicular quality is impaired, and the tympanitic predominates.

"Exaggerated percussion-resonance incident to the temporary emphysematous condition which sometimes obtains in bronchitis, pulmonary catarrh, and bronchial spasm, involves, as correlative signs, the adventitious sounds which pertain to these affections, viz., the dry and moist bronchial rales.

"2. *Diminished Vesicular Resonance.*—In the exceptional instances of emphysema in which this modification of percussion-resonance occurs, the correlative signs will, of course, be the same which, in the majority of instances of that affection, are combined with exaggerated resonance.

"Commonly the affections to which diminution of resonance is incident are those involving either liquid pleural effusion, viz., pleurisy and hydrothorax; or increased density of lung from deposit of liquid or solid matter, viz., pneumonitis, tuberculosis, œdema, pulmonary apoplexy, carcinoma, etc. The correlative signs in these two classes of affections are far from identical; nor are they uniform in the different affections included in the same class.

"In pleuritic effusion sufficient to diminish but not abolish the vesicular resonance, correlative auscultatory signs are, diminished respiratory murmur, and in some instances ægophony. Correlative signs determined by palpitation are, diminished or suppressed vocal vibration, and increased force of resistance to pressure.

"In solidification from pneumonitis and tuberculosis, the correlative auscultatory phenomena, in the majority of instances, are more or less of the characters of the broncho-vesicular, or of the bronchial respiration, together with exaggerated vocal resonance, or bronchophony, and increased vocal fremitus. Exceptional instances are not very infrequent in which, instead of these signs being associated, the respiratory sound is abolished and the vocal resonance and fremitus not increased. The latter constitute the rule, rather than the exception, in the other affections involving abnormal density of lung, viz., œdema, pulmonary apoplexy, carcinoma, etc.

"A correlative sign in cases of œdema, and, less constantly, in cases of pulmonary apoplexy, is the sub-crepitant rale. The crepitant rale is generally associated with diminished percussion-resonance in pneumonitis, but the converse does not hold good to the same extent; in other words, the crepitant rale often appears before the percussion-resonance is sensibly diminished.

"Diminished respiratory movements may be combined in all the affections named, but oftener in pneumontis and tuberculosis. Increased force of resistance on pressure, and diminished elasticity, is a correlative sign common to all the varieties of solidification.

"3. *Absence of Resonance.*—The anatomical conditions giving rise to diminished resonance may be sufficient to abolish it, rendering the percussion-sound flat, Absolute flatness being in the great majority of instances due to the presence of a considerable quantity of liquid in the pleural cavity, the correlative auscultatory signs are absence of respiratory sound, and of vocal resonance, with notably diminished elasticity of the thoracic walls. This combination of signs is highly diagnostic; yet the rule is not without exceptions, diffused bronchial respiration being associated with flatness in some cases of large effusion. Absence of vocal fremitus is another correlative sign. If the amount of effused liquid be great, inspection and mensuration furnish important associated signs, viz., enlargement of the chest; obliteration of the hollows between the ribs; divergence of the lower and convergence of the upper ribs; comparative immobility; elevation of the shoulder; widening of distance between the nipple and the median line; depression of the liver, and removal of the heart from its normal position. Fluctuation is occasionally appreciable. This collection of signs incident to enlargement of the chest, may, however, to a considerable extent, be reversed, in combination with flatness on percussion over the greater part of the chest. Absorption of the liquid effusion, inducing contraction, may take place, but not sufficiently to permit a return of percussion-resonance, with reappearance of respiratory sound, vocal resonance, and fremitus. Then, in connection with diminished size of the affected side, there will be convergence of the lower ribs, and divergence of the upper; depression of the shoulder, and narrowing of the distance between the nipple and the median line. Obliteration of the intercostal hollows and comparative immobility will be likely to continue.

"Flatness on percussion may accompany abundant tuberculous deposit, the second stage of pneumonitis, and other affections involving abnormal density of the pulmonary substance. The facts pertaining to correlative signs, which have been stated under the head of diminished resonance, or dulness, incident to pulmonary solidification, will be equally applicable, and need not be repeated.

"4. *Tympanitic Resonance.*—The signs associated with the different varieties of tympanitic resonance differ widely, according to the diversity of anatomical conditions represented. In the affection which presents more than any other a resonance purely tympanitic, strongly marked and diffused, viz., pneumo-hydrothorax, the correlative phenomena derived from auscultation are, the characteristic vocal, tussive, and respiratory sign, metallic tinkling; feebleness or extinction of the vesicular murmur; blowing and amphoric respiration, occasional and irregular; absence of vocal resonance. Inspection and mensuration furnish the group of appearances incident to enlargement from liquid effusion. Palpitation discloses absence or marked diminution of the normal vocal fremitus. Succussion develops the sign incident almost exclusively to this affection, viz., splashing.

"Tympanitic resonance, circumscribed in extent at the summit of the chest, sometimes metallic or amphoric, and occasionally presenting a cracked-metal modification — these circumstances denoting its connection with a spacious pulmonary cavity, superficially situated, with rigid walls and free from liquid contents—exists in combination with cavernous respiration, presenting sometimes an amphoric intonation, alternating with gurgling; occasionally splashing, with the act of coughing, and metallic tinkling; pectoriloquy in some instances; local depression or flattening at the summit of the chest, and deficient expansibility.

"Occurring, as an exception to the general rule, over lung solidified by inflammatory exudation, it is combined, of course, with the various phenomena incident to that anatomical condition.

"When presented in pleurisy, situated above the level of the liquid effusion, and also over the healthy lung in cases of pneumonitis, it cannot be said to have any definite correlative signs, irrespective of those which pertain to the diseases of which it is an incidental feature.

"SIGNS CORRELATIVE TO SOUNDS FURNISHED BY AUSCULTATION.

"1. *Increased Intensity of Vesicular Murmur.*—Proceeding always from hyper-activity of respiration induced supplementarily in a portion of the pulmonary apparatus, the correlative signs are exaggerated percussion-resonance, and increased respiratory movements. The remarks made under the head of Exaggerated Vesicular Resonance are here equally appiicable.

"2. *Diminished Intensity of Vesicular Murmur.* — The phenomena associated with this sign are quite opposite in their character, corresponding to differences in morbid conditions which present a contrast equally striking.

"Abnormal feebleness of the vesicular murmur may be due to the removal of the lung at a certain distance from the thoracic wall. This removal is caused by the presence, in some cases, of air or gas; in others, by a stratum of liquid or solid matter, and sometimes by air and liquid together, in the pleural cavity. In the first instance, a correlative percussion-sign is tympanitic resonance; in the second instance, it is absence of resonance, or flatness; and in the third instance, both are conjoined, *i. e.*, tympanitic resonance exists above the level of the liquid, and flatness below this level. The presence of air and liquid, constituting pneumo-hyyrothorax, is, however, very rarely characterized by simple feebleness of the respiratory sound; either the latter is abolished, or presents the cavernous or amphoric modification. Correlative signs incident to this affection are metallic tinkling and a succussion-sound. Diminution of the respiratory motions, of vocal resonance, and fremitus, are common to the morbid conditions just mentioned.

"Again, feebleness of respiration, without change in quality or rhythm, occurs in a certain proportion of cases of solidification from tubercle, inflammatory exudation, œdema, etc. On the other hand, it is incident to emphysema, bronchitis, and partial obstruction at any point in the air-passages. In these two classes of morbid conditions the correlative percussion-signs are precisely reversed. In the first class it is combined with diminished resonance, or dulness; in the second, the clearness of the percussion-sound is either undiminished or exaggerated. The anatomical condition in both instances is marked by the combination. Exclusive of the cases in which the lung is removed by liquid or solid matter, air, or gas, from the thoracic wall, feebleness of the respiratory murmur, combined with dulness on percussion, as the rule, denotes increased density of the pulmonary organ; combined with normal resonance, it indicates that the density is neither increased nor diminished; combined with exaggerated resonance, it is evidence of the abnormal rarefaction of the lung, pertaining to emphysema and some cases of bronchitis. Other signs existing in combination serve to establish the distinction as respects the anatomical condition. In cases of solidification, in which the effect on the respiratory sound is simply to diminish its intensity, the vocal resonance may be exaggerated, and even bronchophony may be present. In cases of rarefaction, this occurs only as rare exceptions to the general rule. The same remark will apply to vocal fremitus. Diminished respiratory motions may accompany both anatomical conditions. Enlargement of the chest, and its attendant phenomena, determined by inspection, mensuration, and palpitation, pertain to emphysema. Diminished elasticity of the thoracic walls belongs to the former anatomical condition (increased density); increased elasticity to the latter (rarefaction).

"3. *Suppressed Respiration.*—Abolition of the sound of respiration, occurring in connection with the same diversity of morbid conditions as diminished intensity of the respiratory murmur, presents similar combinations with other signs.

"Accumulation of liquid or gas, or both air and liquid, within the pleural sac, in sufficient quantity to render respiration inaudible, gives rise, in the first instanen, to flatness on percussion; in the second instance, to tympanitic resonance; and in the third instance, to tympanitic resonance above and flatness below the level of the liquid. Diminished respiratory movements, together with absence of vocal resonance and fremitus, are common to the three morbid conditions, and, in addition, first in the order of time, are presented the phenomena attending enlargement of the chest, which need not be again enumerated; and, second, the reversed phenomena following absorption of the fluid, sufficient to induce contraction, but not to permit re-appearance of the respiratory sound.

"In the cases of solidification from tubercle, inflammation, œdema, etc., in which suppression occurs, it is combined with notable dulness on percussion, as the rule, and with a clear tympanitic resonance, as an exception to the rule. Exaggerated vocal resonance, or bronchophony, and increased vocal fremitus, may exist in combination, together with diminished respiratory movements. On the contrary, in the cases of emphysema, in which the respiratory sound is lost, exaggerated percussion-resonance, with more or less of the tympanitic quality (vesiculo-tympanitic resonance), is the associated sign as the rule, dulness being observed as an exception to the rule, in some instances in which the tension of the thoracic wall, from distension, is very great. In the former anatomical condition (solidification), the elasticity of the parietes of the chest is notably diminished; in the latter (rarefaction), the elasticity is increased. In connection with the suppressed respiratory sound incident to emphysema, the vocal resonance and fremitus are not exaggerated, save in some rare exceptional instances, the reverse being true, as already mentioned, of solidification.

"4. *Bronchial Respiration.*—The bronchial respiration represents solidification of lung, except when it occurs in connection with dilated bronchial tubes, increased density of the pulmonary parenchyma, in the latter case being superadded. The correlative signs, therefore, are those which have direct relation to pulmonary solidification, as it exists more especially in tuberculosis and pneumonitis, the bronchial respiration being much oftener present and more strongly marked in these than in other affections in which the density of the lung is increased, viz., œdema, extravasation of blood, etc. The group of signs has been already given in connection with diminished vesicular percussion-resonance, and diminished or suppressed vesicular murmur, when these signs are due to the same anatomical condition, *i. e.*, solidification. The associated signs, when the bronchial respiration exists, are much more uniform than those presented in combination with dulness or flatness on percussion, or with suppressed or diminished respiration, owing to the fact that the anatomical condition represented, in the vast majority of instances, by the bronchial respiration is the same, while the signs last mentioned are incident to anatomical conditions different, and indeed opposite, in their character. Dulness on percussion, exaggerated vocal resonance, or bronchophony, increased vocal fremitus, diminished respiratory movements, increased force of resistance to pressure, are the signs sustaining a correlative relation to the bronchial respiration.*

"5. *Broncho-Vesicular Respiration.*—Representing slight or moderate increase of the density of lung; the correlative relations of this modification of the respiratory sound are essentially similar to those belonging to the bronchial respiration. The difference is, the signs which may be associated are less frequently present, and, when present, are less marked. Dulness on percussion is comparatively slight, and may not be appreciable; the vocal resonance and fremitus may not be obvious, and, if apparent, are weak; the respiratory movements are, perhaps, not sensibly diminished, or, if so, in a small degree; and impairment of the elasticity of the thoracic walls is either not determinable, or feeble.

"6. *Cavernous and Amphoric Respiration.*—Correlative cavernous signs form a group, each preserving always its significance, and not occurring in connection with other anatomical conditions. Actually, however, they are rarely combined, and, indeed, it is impossible for all of them to be present simultaneously, since some can only be produced when the cavity is empty, and others only when it is more or less filled with liquid. The correlative signs requiring an empty space, are the cavernous respiration, pectoriloquy, and circumscribed tympanitic percussion-resonance, inclusive of the metallic modification, and the cracked-metal sound. The correlative signs requiring the presence of liquid, are, circumscribed dulness on percussion, gurgling, splashing with the act of coughing, and occasionally metallic tinkling. The two series of signs may occur in alternation. Both are incident to pulmonary cavities, tuberculous or otherwise, inclusive of pouch-like dilitation of the bronchial tubes; and, also, in the pleural space, in connection with perforation, or, in other words, in pneumo-hydrothorax.

"In the latter affection, the cavernous respiration oftener pre-

---

"* Under the head of Correlation of Physical Signs, I design to embrace only those which sustain toward each other direct relations. The signs incident to pleuritic effusion in the instances in which bronchial respiration exists over the compressed lung, are indirectly related, and, therefore, not included among those to which the term correlative is applied. For the same reason, I do not enumerate among correlative signs those supplementarily induced by various affections in parts of the lungs more or less remote from the situation of the disease.

sents the amphoric character; and the associated signs differ from those pertaining to pulmonary cavities. The percussion-resonance is more constantly tympanitic, is not circumscribed, but more or less diffused. Liquid, in greater or less quantity, is always present, and hence flatness co-exists with tympanitic resonance, the former situated above, and the latter below the level of the liquid. Metallic tinkling is generally observed, while in pulmonary cavities it is of rare occurrence. The succussion-sound is common, which is exceedingly infrequent in cavities formed within the lungs. The phenomena attendant on enlargement of the chest, are generally present in cases of pneumo-hydrothorax, and absent in intra-pulmonary excavations.

"7. *Adventitious Respiratory Sounds, or Rales.* — The adventitious sounds, or rales, may be considered under one heading, for, excepting a single species, viz., gurgling, they resemble each other in not sustaining toward other signs any fixed correlative relations. In this respect, they offer a striking contrast to the signs already enumerated. The moist and dry bronchial rales, including the sub-crepitant, generally represent pulmonary catarrh or bronchitis. They constitute all the positive or direct physical signs belonging to these affections. Other signs, it is true, are frequently found associated with them, but in such instances, pulmonary catarrh or bronchitis are superadded to other affections. The connection is one of coincidence, not of a pathological relation. This deficiency of correlative signs has a positive and important bearing on diagnosis. The presence of the bronchial rales, taken in connection with the absence of abnormal percussion-sound, or other signs, establishes the existence of the diseases which they represent, disconnected from other affections. The crepitant rale represents, in the great majority of the instances in which it is observed, pneumonitis. Pneumonitis during its career presents, as has been seen, a group of correlative signs; but the crepitant rale, strictly speaking, cannot be considered to stand in a correlative relation to any of them, for it is developed often prior to their appearance, and although it very frequently persists after other signs have appeared, this is by no means uniformly the case. Moreover, in a certain proportion of cases, it does not appear during the course of the affection. In the instance of this disease, as of bronchitis, the absence of co-existing signs is an important point, for, in connection with certain symptoms, it may denote the existence of pneumonitis, not advanced sufficiently to give rise to the pathological changes represented by associated signs. This point may have a materia influence on the therapeutical management of the disease. The indeterminate rales, although often combined with other physical phenomena, and deriving much of their diagnostic significance from the combination, have, nevertheless, no fixed or definite correlative signs. In other words, there are no signs involving the co-existence, even in a considerable proportion of instances only, of the indeterminate rales.

"8. *Friction Sounds.*—These resemble the foregoing rales in not sustaining definite correlative relations to other signs. They differ, however, in this respect, viz., clinically, they are very rarely found isolated; they are associated with signs to which they do not stand in a fixed or uniform relation. The associated signs are different, according to the different circumstances under which the friction-sounds are developed. Representing, in the great majority of instances, pleuritis, they may or may not be associated with the physical evidences of a certain amount of liquid effusion. Occurring either at the commencement or at a late period in the career of the disease, they may or may not be accompanied by the phenomena pertaining to contraction of the chest. Being incident not only to simple pleurisy, but occasionally to pleurisy developed as a complication of tuberculosis and pneumonitis, they may be found in combination with the groups of the physical signs representing the latter affections."

This chapter closes Part I. Part II., treating of "Diagnosis of Diseases affecting the Respiratory Organs," is equal or superior in interest to the previous part of the work, but we have no space for further comments or extracts. The analytical method has been pursued so far as practicable. We unhesitatingly commend the book to all who wish to become well acquainted with thoracic diseases, and the signs by which they may be distinguished. J.

A Practical Treatise on the Diseases of the Testis and of the Spermatic Cord and Scrotum, with numerous wood engravings. By F. B. Curling, F.R.S., Surgeon to the London Hospital, &c., &c. Second American from the second revised and enlarged English Edition. Philadelphia, Blanchard & Lea, 1856.

It is unnecessary for us to say anything in favor of this truly excellent work of Mr. Curling's. The American profession are already acquainted with its merits, and the simple announcement of a new edition is sufficient to secure for it that attention which its merits deserve.

For sale by **Keen & Lee**. J.

Human Physiology. By **Robley Dunglison**, M.D.,L.L.D. &c., &c., &c., with five hundred and thirty-two Illustrations. Eighth Edition, Revised, Modified, and Enlarged, in two Volumes. Philadelphia, Blanchard & Lea; 1856.

We cannot attempt a review or analysis of this work. It constitutes a kind of Encyclopedia of Physiology, in which the doctrines and opinions of the present age, are mingled with those of the past. Dr. **Dunglison**, as our readers are aware, is distinguished for his great learning, rather than for originality of investigation. It is for this reason that his compilations are more valuable than his original works. We say this without wishing to detract in the least from the reputation of this distinguished author, whose name has become so intimately associated with the science of Medicine in this country.

The work is for sale by **Keen & Lee**.

EDITORIAL.

The Presidency of the American Medical Association.

Under this head we find the following as the leading editorial in the September number of the *Buffalo Medical and Surgical Journal*, viz:—

"It is evident that the time has arrived when some change in the manner of selecting the presiding officer of our national congress must be made. We have felt for years that some one should speak out upon the subject. We would have spoken a year ago, had not the fact that the meeting of the association, for 1856, was to be held at Detroit, and that the candidate then most prominent and since successful, had been in a position of personal antagonism with an interest which we represent, prevented us. Any attack made by us, at that time, would have been construed as personal, and as having its origin in local prejudices or jealousies; we therefore held our peace, and consented to forego our protest against an evil which must eventually impair the respectability of the association, and turn from it the regard of the best men in the profession.

"The next meeting is to be held at Nashville. We have none but friends in that locality, and we believe that they, too, will acquiesce in our plans for reform, or help to suggest another looking to the same end.

"The evil to which we allude is self-evident. Custom, not law, has made it the usual course to select the president of the association from the city in which the session is held. Thus the two meetings held at Philadelphia have given us Profs. Chapman and Wood, as presidents; that in St. Louis, Prof. Pope; that in Richmond, Dr. B. R. Wellford; and that in Detroit, Dr. Z. Pitcher. In only one instance has the rule failed to hold good. At the meeting in New York, in 1853, no one worthy of the office was found in that great city, and Dr. Jonathan Knight, of New Haven, was chosen. We hoped then that the precedent thus established in a large city, might be permitted to hold good in the small towns; but it is not so to be. It is evident, that until it is put out of the power of the nominating committee to virtually elect the president, we shall forever be subjected to the rule of that happy individual who happens to be the Nestor of the place of meeting. Grey hairs are honored at the expense of working men. Worse than this. To follow back the chain of promotion, we shall find that the association take the man the nominating committee choose to give them, and the committee take the man they are instructed to by the wire-pullers of the particular locality. In a small town, with from forty to fifty physicians, this matter can usually be cozily arranged among themselves, with more regard to their own interests than to the dignity of the association.

We regard the presidency of the American Medical Association as an honor too high to be lightly bestowed upon any man. The consideration of locality is the last that should be thought of. It is nonsense to make it a mere compliment to a town, in return for a good feed and abundant champagne. The occupant of that high station should be chosen from the profession at large. He who has labored; he who, through many years, has toiled to advance his profession; he who has built up for himself a name as a discoverer or medical philosopher; and who, perhaps, has found no other reward than a good name for all his efforts, such an one is our candidate.

"Under the present system, we can only elect him by accident. Such men as Bartlett, Drake, Morton, Parker, Mott, or Gross, can never be chosen under our present system. Those of them who are dead never would, and those who live never will, do the necessary work.

"The machinery by which presidents are made under the present constitution, is very simple. A special committee of one from each state is appointed by each delegation, to nominate all the officers. This special committee is a small body of men, and will never have the courage to break down the strong precedent now established. At the last meeting, Dr. Bloodgood, of Ill., offered a resolution, "That the constitution of this association be so amended as that hereafter the president shall be elected by ballot, and shall not be resident of the state in which he is elected."

"On motion of Dr. Watson, of N. Y., this was laid on the table. We do not like the resolution. The best man might be a resident of the state in which the meeting was held, and locality should not exclude him.

"What shall we do? The nominating committee is a bad piece of machinery in some respects, and a very good one in others. We have shown where its faults lie. It only requires a moment's thought to perceive that it must very much facilitate the selection of a place of meeting, and the nomination of committees. Indeed the argument of convenience is so strong, that we would willingly allow it the choice of all the officers except the presidency, reserving that as a distinguished honor to come direct from the association.

"We propose the following amendment to the constitution:—

"*Section IV. Officers.*

"The officers of the Association shall be a President, four Vice-Presidents, two Secretaries, and a Treasurer. *With the exception of the president,* they shall be nominated by a special committee of one member from each state represented at the meeting, and shall be elected by vote on a general ticket. *The president shall be chosen by ballot of all the members, the first ballot to be informal, and the person receiving the highest number on the second ballot, to be declared elected.*"

"Our amendment consists in the addition of the italicised portions to the present provisions. We throw it out to the profession at this time, in the hope that it may excite discussion in the Journals. We suppose that the motion of Dr. Watson, laying Dr. Bloodgood's resolution on the table, was superfluous; and that it may be properly brought up for discussion and amendment at the next meeting. Dr. B.'s resolution would have been laid on the table under the rule, had Dr. Watson withheld his motion. If we are right in this supposition, our proposition may come up at the Nashville meeting as an amendment to Dr. Bloodgood's.

"If we had any faith in committees, we should move simply to instruct them to be governed by the spirit of the constitution, which does not circumscribe their choice to any locality; but we have no such faith, and so resort to what seems to be the only practicable plan. As, under the present rule, the president is chosen early in the session, the proposed change can have no effect on next year's choice. We should, however, wish the amendment acted on before the selection of the place of meeting for 1858, for obvious reasons."

With the main sentiment of the above we fully concur. But it contains one or two errors which should be corrected.

It is not true that "in only *one* instance has the rule" of selecting the president from the place where the meeting was held, "failed to hold good." At the first regular anniversary meeting, held in the city of Baltimore, the President elected was Dr. Alexander H. Stevens, of New York. Neither was it true that at the meeting in New York in 1853, "no one was found in that great city *worthy* of the office," as asserted by our friend of the *Buffalo Journal.*

At that meeting in New York, the writer of this was a member of the nominating committee, and took an active part in the matter of selecting a candidate for President of the Association.

There were presented to the committee by the profession of New York, two candidates, namely, Dr. John W. Francis and Dr. Valentine Mott, both eminently *worthy* of being President of any Association. No member of the nominating committee objected to either of these men. Neither would there have been any objection to half a dozen other names that might have been selected from the profession in the "great city of New York." But several members of the committee did object strongly to the precedent, already established, of selecting a candidate necessarily from the place of meeting. Not only did members of the committee object to the propriety of the rule or precedent, but they claimed that then and there was the best possible *time* and *place* for repudiating it altogether. It was the best time, simply because the quicker a bad rule is broken the better. It was the best *place*, because the profession in New York having already furnished one President of the Association at a meeting in another city, would have less reason to complain on that account. The whole matter was fully and freely discussed in the committee, and when it recommended to the Association the election of Dr. Jonathan Knight, of New Haven, it was not from disrespect to New York or New Yorkers, but solely to repudiate a bad rule founded on precedent alone. We then hoped that subsequent committees would follow the example there set, and were much disappointed to find them refusing to do so at the next meeting held in St. Louis.

We are glad to see that the subject is at last attracting the attention of the profession.

For ourselves, we have heretofore uniformly opposed the practice of making the election of president depend on the accidental circumstance of location, and shall continue to do so, as long as we have any voice in the matter.

Dysentery.

Dr. Shoemaker, of Columbia, Monroe County, states, in a recent letter to us, that dysentery has been very prevalent and severe in that locality during the last part of summer and autumn. We have received similar intelligence from several other neighborhood, including places in Michigan, Wisconsin, and Iowa.

In this city, during the months of July and August, many children under two years of age suffered from attacks of this disease; and during the last month (September) cases of typhoid and typhus fevers have been more frequent than usual. Still, the ratio of mortality, from all diseases, during the year, has been low, and the season will be ranked as one of good health. A more full report in regard to the diseases of the past summer and autumn, noting their peculiarities, both pathological and therapeutical, will be published in our next number.

Rush Medical College.

The regular annual course of medical instruction in this Institution commences on the first Monday in November. And we believe everything is in readiness for as full and valuable a course of instruction, in all the departments, as is to be found in any of the schools in our country. The hospitals are well-filled with patients, furnishing more material for clinical instruction than can be conveniently used; while the material and means of illustration in practical anatomy, surgery, &c. are limited only by the wants of the Faculty and the Class. Students have already begun to arrive (Oct. 3) for the purpose of attending to dissecting and clinical instruction one month before the regular term commences. The prospects are favorable for a full class.

To Subscribers.

The mailing of the September number of the *Journal* was delayed two weeks for the purpose of enclosing bills to subscribers.

There is over $1,800 due us on Volumes IV. and V. of the *Journal.* Two or four dollars is but a small sum, which would hardly be missed by any individual subscriber; but $1,800 is a large item for us to wait for.

Rush Medical College.

Since the annual announcement of this Institution for 1856–'7 was printed, the following changes have been made, in consequence of Dr. E. Andrews declining longer to continue in the position of Lecturer on Comparative Anatomy and Demonstrator. Dr. J. H. Hollister, of this city, has been appointed Demonstrator of Anatomy, and Dr. J. C. Morfit, Prosector to the Chair of Surgery. Both these gentlemen are well known and highly esteemed, and are eminently qualified for the respective stations to which they have been appointed.

MISCELLANEOUS ITEMS.

Mortality in the French Army in the East during the Late War.

It has been our lot, on many occasions, to show that the chances of war are far less fatal to the soldier than the diseases he encounters when on foreign service. The sanitary history of the French Army of the East, during the late campaign in the Crimea, is full of facts which confirm the truth of this proposition in a manner so frightful and astounding that we have long doubted the accuracy of the accounts which have reached us from week to week; and it is only by the accumulated testimony of eye-witnesses, and the reports of medical officers high in the French service, that we have been able to admit the possibility of a rate of mortality among our allies so unprecedented as almost to exceed belief. For the truth of the following statements, however, we have the authority of medical officers both in our own and the French service, and have permission to name them if need be. They are not only interesting in themselves, but additionally so, as the facts have been studiously concealed by the French Government, and are now made known for the first time in this country: —

1. There were fourteen French hospitals in the Bosphorus up to the end of March. Since then three others have been added. The following is a copy of an official return of the patients treated in all the hospitals in January, February, and March, 1856: —

January, - - - - - -	13,520
February, - - - - - - -	21,309
March, - - - - - - -	28,167

2. During the ten days ending on the 20th of March, 1,009 *patients died;* and during the following ten days, 948 *patients died,* in these hospitals. The number of sick under treatment for all diseases on the 20th of March, was 11,366, and on the 30th, 9,763.

3. The aggregate loss by death from sickness (nine-tenths being from typhus) in the French hospitals on the Bosphorus exceeded 10,000 during the first quarter of the present year. The daily mortality in twelve of these hospitals in January and February, ranged up to 240.

4. From the 1st of Junuary to the 17th of March, when the transport of typhus cases from the Crimea was discontinued authoritatively, more than 5,000 deaths occurred on, board French transports and men-of-war, between the Crimea and the Bosphorus.

5. In the Crimea there were fourteen Field Hospitals, or *Ambulances,* during the same period, each containing from 800 to 1,100 sick. The deaths in each varied from 15 to 20 daily. Thus the aggregate loss by death from disease in these hospitals during this period exceeded 19,000, and is believed to have been very little under 25,000.

6. It is *known* that more than *thirty-four thousand* French soldiers of the Army of the East died from disease during the months of January, February, and March, 1856. It is believed

by those able to judge, that those deaths exceeded *forty thousand.*

7. Sixty-four French Surgeons have died in the Crimea and on the Bosphorus since last November. Of 362 Surgeons of all ranks who have served with the French Army since its landing in Gallipoli in the autumn of 1854 to April, 1856, 72 have fallen victims to typhus alone.

8. On the 15th of March, 1856, there were, in the Officers' Hospital at Constantinople, 31 Surgeons in different stages of typhus, and only one combatant officer.

9. Of 840 hospital orderlies and attendants, employed in the sixty days of January and February, 603 were attacked by typhus when on service.—*Med. Times and Gaz.*, June 17, 1856.

Cholera in Portugal and Madeira.—Lisbon letters speak of Cholera as still continuing its ravages in Lisbon and through the provinces. Peniche is now declared infected. The French screw liner, Prince Jerome, has lost several men from this disease and typhus fever. The intelligence from Madeira is very disastrous. Cholera broke out at sea among some Portuguese troops that left Lisbon on the 20th of June, and when they landed at Funchal a fair was being held, the troops mixed with the inhabitants, and cholera broke out among the latter. When the Avon left Madeira on the 3d of August, there had been 5,000 cases of cholera and 1,500 deaths among the population of Funchal, which numbered only 28,000. The panic at Funchal was terrible; all business was suspended, the shops were closed, and every family isolated itself. The dead lay unburied in the cemetery, and fires were kindled there to mitigate the evil effects arising from the putrefaction of dead bodies. The government at length got twelve men to dig graves, and six of them literally dug their own, for they died almost immediately, and were buried in the graves they had made for others. Only one Englishman, an hotel keeper, had died of it. Seventy English escaped from Madeira in the Avon, and these were all the packet could accommodate. There were about two or three hundred left; but, fortunately, this is not the season for English people to be at Madeira.—*Med. Times and Gaz.*, Aug. 16, 1856.

Cure of Itch in Half an Hour.

Dr. E. Smith, at a meeting of the London Medical Society, called attention to an article in the *Gazette Hebdomadaire*, by Dr. Bourguignon, in which is a confirmation of the value of the treatment of itch, in Belgium, by sulphur, combined with lime, in a liquid form. The remedy is prepared by boiling one part of quick lime with two parts of sublimed sulphur, in ten parts of water, until the two former are perfectly united. During the boiling it must be constantly stirred with a piece of wood, and, when the sulphur and lime have combined, the fluid is to be decanted and kept in a well-stoppered bottle. A pint of the liquid is sufficient for the cure of several cases. It is sufficient to wash the body well with warm water, and then to rub the liquid into the skin for half an hour. As the fluid evaporates, a layer of sulphur is left upon the skin. During the half hour the acarus is killed, and the patient is cured. It is only needful then to wash the body well, and to use clean clothes. In Belgium, the treatment is introduced by first rubbing the body for half an hour with black soap; but this does not appear to be necessary. The only essential act is that of the careful application of the fluid sulphur. The lime is of no importance in the treatment, except to render the sulphur soluble, and such would probably be the case if potass or soda were employed. The chief point in the plan thus employed, which is an improvement upon the mode of application of sulphur in substance with lard, is the more ready absorption of the remedy, and consequently the more certain and quick destruction of the insect, by using sulphur in a fluid form. In so disgusting a disease it must be of great moment to be able to cure it in half an hour.—*Assoc. Med. Jour.*

Alsidium Blodgettii in Consumption and Scrofulous Diseases.

EDITOR NEW YORK MEDICAL TIMES:—

Dear Sir—I wish to direct the attention of the Medical profession to a marine plant, discovered by Dr. A. E. Rue, on the coast of Australia. Dr. R. is very confident that he has discovered some very valuable medicinal properties in this plant, and states, in the most positive terms, that it is a specific in consumption and scrofulous diseases.

I have every confidence in Dr. Rue as not being disposed to speculate on the Materia Medica, or attract attention by new and fashionable therapeutic agents; and through his kindness I have been furnished at different times with the medicine as prepared and used by him, and also a specimen of the plant. Upon examination, I find the same plant was originally discovered by Dr. Blodgett, and is accurately and minutely described and classified by Prof. Wm. H. Harvey, of Dublin University, in his classification of Algæ. The following is his description of it:—"Alsidium Blodgettli—frond sub-compressed below, terete above, decompound pinnate; pinnæ alternate, patent, close, virgate, the lowest very long, set with short setaceous, spinous-toothed, alternate, distichous ramuli; upper branches short and sub-simple; conceptacle pedicellate, inflated, urceolate, variously placed on the ramuli."

I have used this medicine with the most gratifying results in many cases in my own practice where there was every sign of *tubercular deposition*, some of which were in quite an advanced stage; yet, not satisfied with my own experience, I placed it in the hands of a few medical friends, who were equally well pleased with its success in these diseases. From what I consider the duty of every medical man, I have decided to make these facts known to the profession, hoping that any additional facts pertaining to the history or medicinal properties of the plant will be reported. Yours, etc.,

BENJAMIN PALMER, M.D.

PITTSFIELD, MASS., July, 1856.

A new Instrument for indicating the Movement of the Heart.

Dr. Scott Alison has exhibited an instrument to the Royal Society, which he calls a sphygmoscope, and employs it to indicate the movements of the heart and blood vessels. The construction is simple: a small glass tube, about a foot in length, open at the upper end, and with a graduated ivory scale affixed, terminates below in a hemispherical or trumpet-mouth, bent to a right angle with a tube. This mouth is covered with a water proof membrane, and, being filled with colored water, is to be pressed against the ribs where the movement of the heart is most sensible. At once the water starts up the tube, in which it is seen to rise and fall in every beat; and thus all the movements of the vital organ, whether regular or irregular, may be distinctly viewed and measured by means of the scale. A smaller instrument of the same kind will show the beating of the pulse or of any other blood vessel, however small; and the beats may be compared with those of the heart. They are perceptible even at the end of an India rubber tube two feet in length. Already some new physiological conclusions have been arrived at with regard to the circulation of the blood, and a further insight into vital action is hoped for from the general use of the sphygmoscope among medical practitioners.—*Boston Med. and Surg. Journal.*

Vaccination in relation to Blindness.

Statistical researches show us that, prior to Jenner's discovery, of 100 cases of blindness, 55 were due to small-pox; and

Dr. Dumont, physician to the Hospice for the Blind, has recently supplied an interesting account of the progressive decrease of that proportion. Among the blind of 60 years of age, he finds this variety of cause in 12 per cent; in adults, it only exists as 8 per cent.; and, in children, only as 5 per cent. We may take as a mean, counting all ages, about 7 per cent., which, as at the commencement of the present century, the proportion was 35 per cent., exhibits a diminution of 28 per cent.—*New York Journal of Medicine.*

Bromine as a specific in Pseudo-Membraneous Affections.

M. Ozanam, in a paper presented to the Imperial Academy of Sciences, on the 26th of May, announces that bromine is a specific in the pseudo-membranous affections. He has treated successfully fourteen cases, two of which were cases of true croup. He employed either bromine or bromide of potassium. The dose was from one to ten grains a day.—*Med. Times and Gazette,* June.

Cholera in Moscow.

Cholera is raging fearfully in Moscow, which is said to be the true cause of the postponement of the coronation of the Czar.

STARLING MEDICAL COLLEGE, COLUMBUS, OHIO.

The TENTH ANNUAL COURSE OF LECTURES in this Institution, will commence on the FIFTEENTH OF OCTOBER, and continue full five months.

FACULTY.

S. M. SMITH, M.D.,	Professor of Theory and Practice, and Dean.
F. CARTER, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
JOHN DAWSON, M.D.,	Professor of Anatomy and Physiology.
J. W. HAMILTON, M.D.,	Professor of Surgery.
THEO. G. WORMLY, M.D.,	Professor of Chemistry.
S. LOVING, M.D.,	Professor of Mat. Med. and Med. Jurisprudence.
R. N. BARR, M.D.,	Demonstrator of Anatomy.

TERMS:

Lectures, $60. Matriculation, $3. Graduation, $20.
Board, Lodging, &c., $2 50 to $3 per week.

By a law, passed at the late session of the Legislature, Students of this Institution are admitted free to the Hospital of the Ohio Penitentiary, thus furnishing one of the best Clinics in the country.

For further information, address S. M. SMITH, DEAN

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1856-'57.

The Regular Course of Lectures will commence on MONDAY, OCTOBER 13TH, and will be continued until the 1st of March.

FACULTY.

DAVID GILBERT, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
ALFRED STILLE, M.D.,	Professor of Theory and Practice of Medicine.
JOHN NEILL, M.D.,	Professor of Surgery.
J. M. ALLEN, M.D.,	Professor of Special and Surgical Anatomy.
JOHN J. REESE, M.D.,	Professor of Medical Chemistry.
JOHN B. BIDDLE, M.D.,	Professor of Therapeutics and Materia Medica.
FRANCIS G. SMITH, M.D.,	Professor of Institutes of Medicine.
H. W. DESAUSSURE FORD,	Demonstrator of Anatomy.

Clinical Instruction will be given by Professors BIDDLE and NEILL, at the *Philadelphia Hospital, Blockley*, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The Students of Pennsylvania College—both *first-course* and *second-course*—will be furnished *gratuitously* with the Ticket to the Philadelphia Hospital. Second-course Students have the option of receiving gratuitously the Ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the session.

FEES:

For the entire Course of Lectures,	$105
Matriculation, paid once only,	5
Graduation,	30

The Dissecting Rooms will be opened in September, under the direction of the Professor of Anatomy and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M.D., REGISTRAR,
No. 342 Walnut Street, below Thirteenth, Philadelphia.

ST. LOUIS MEDICAL COLLEGE.

The Regular Lectures in this Institution will commence on the FIRST DAY of NOVEMBER, 1856, and continne until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge during the month of October.

M. L. LINTON, M.D.,	Professor of the Principles and Practice of Medicine.
A. LITTON, M.D.,	Professor of Chemistry and Pharmacy.
CHARLES A. POPE, M.D.,	Professor of the Principles and Practice of Surgery and Clinical Surgery.
M. M. PALLEN, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
W. M. McPHEETERS, M.D.,	Professor of Materia Medica & Therapeutics.
CHARLES W. STEVENS, M.D.,	Professor of General, Descriptive, and Surgical Anatomy.
JOHN B. JOHNSON, M.D.,	Professor of Clinical Medicine and Pathological Anatomy.
J. H. WATTERS, M.D.,	Professor of Physiology and Medical Jurisprudence.
E. H. GREGORY, M.D.,	Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in Medicine and Surgery, are afforded by the several large Hospitals and Dispensary under the care of the Faculty. There is also an abundance of material for the study of practical anatomy.

Fees for the entire Course, $105. Matriculating Ticket, paid but once, $5. Dissecting Ticket, $10. Hospital Tickets, gratuitous. Graduating Fee, $20.

Students or others desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or, on arriving in the city, call upon him at his office, south-west corner of Tenth and Locust Streets, or on the Janitor of the College, corner of Seventh and Myrtle Streets.

July, 1856.

CHARLES A. POPE, M.D., Dean.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. NOVEMBER, 1856. NO. 11.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Albumanuria.* By F. B. Norcum, M.D.

Wards 9 and 10.—John Welsh; aged 45 years; porter by occupation; native of Ireland; in this country 13 years, and admitted to Hospital Oct. 17th, 1854:—

Born of healthy parents, who still survive, and knows of no hereditary tendencies to disease existing in his family, or collateral branches. During his youth followed the sea for 9 years, and tho' exposed to many hardships, always enjoyed vigorous health. Has never suffered from any form of venereal disease, a circumstance which he ascribes more to his good fortune than to continence, having been addicted to excessive sexual indulgence, and often suffered great debility therefrom. Never drank to any excess until about six years ago, when he became exceedingly intemperate in his habits, consuming daily large quantities of various stimulating fluids.

Three years back, after a sudden and violent physical effort, was seized with great pain in his back, and soon after with frequent desire to pass his water. The secretion was high colored, scanty, and scalding; passed with extreme difficulty, and causing intense pain. Occasionally it would become more copious, of a lighter hue, and less acrid. Began now to experience attacks of headache, vertigo, and had considerable dyspnœa alarmingly intense; the stomach irritable, and the appetite poor and capricious. The urine normal in quantity, pale, of low sp. gr. loaded with albumen, and containing the microscopical elements above described. The patient now resisted the action of our remedies, and, notwithstanding every effort, began to fail; on the 28th, became somnolent; coma gradually supervened, and death occurred on the 30th.

AUTOPSY, TWENTY-THREE HOURS AFTER DEATH.

External Appearance.—Body warm, pale, and anasarcous. Abdomen immensely distended.

Thorax.—Lungs compressed, and cavity diminished by upward pressure upon diaphragm. Right lung strongly adherrent posteriorly and to diaphragm; tissue more dense than natural. Left lung slightly crepitant, approaching carnification, not adherent.

Heart and membranes healthy.

Abdomen.—Intestines blanched; stomach strongly adherent to transverse colon, and cavity of abdomen filled with four gallons of pale limpid serum. Mucous membrane of alimentary canal thickened and œdematous. Liver weighs 3½lbs. and presents a fine specimen of external cirrhosis; its peritoneal investment thickened and substance fatty. Kidneys small, weight 8oz. their external appearance smooth, pale, and mottled; capsule thickened, and so firmly adherent as to render it impossible to be stripped off without removing a portion of the substance of the organ. On section, the appearance was striking; cortical substance slightly diminished, but whitish, and contrasting strongly with the nearly healthy, well-defined, and reddish aspect of pyramids.

On microscopical examination, the tubes of cortical portion were generally coarsely granular, those of medullary also granular and fatty, and in some the walls were much thickened. The epithelium also granular, hypertrophied, fatty, and numerous tube casts were visible precisely similar to those observed in the urine during life.

The malpighion tufts were indistinct, as if blurred by adventitious *plastic exudation*; some inclosed in a thickened capsule.

A section of the matrix did not present any marked thickening.

The remaining viscera, not here noticed, were to all appearances normal, and presented no marked lesions.

This patient presents to us a well-marked example of "Bright's disease," known as the "granular degeneration" of Christison; the "albuminous nephritis" of Rayer & Lebert; or the "chronic, desquamative nephritis" of Johnson. Dr. Bright holds the opinion, that, primarily, it is a *functional* disorder; yet, a limited time after its inception, it has proceeded so far as to bid defiance to any form of treatment:[*] while M. Rayer, in his treatise, speaks of it as a *variety* or *modification* of inflammation. Many English physicians, and among them Dr. Christison, appear to recognize a state of acute congestion as utterly distinct from acute nephritis; the latter, as he says, being exceedingly rare in Scotland.

Dr. Robinson, however, takes a different view of this disease, and one towards which many pathologists are fast verging. He recognizes the similarity of symptoms between acute nephritis and the incipient stage of albuminous kidney, and, in his fourth chapter, asserts the identity of the causes between the two. Again, M. Lebert, from his researches, confirms the opinion of those who regard it as inflammatory;[†] and Dr. Johnson admits that acute nephritis passes *occasionally*, by almost imperceptible gradations, into the chronic, and from their immediate connection will be found mutually to illustrate each other.[‡] Now, viewing the opinions of these authors, we perceive that many recognize the *essence* of this disease as acute inflammatory from the start, while others understand it as passive in its character, and to develop itself so slowly and insidiously, as to be unrecognizable until the attention is directed to it by the supervention of a congestive paroxysm, or some intercurrent complication. Our experience has been so limited, that it might seem supererogatory in us to hazard an opinion, yet, from a careful study of some half dozen cases under our immediate supervision, we can assert, that, in no instance did the disease commence as acute.

---

[*] Memoirs, 1827, 1831, 1836.

[†] Medico-Chirurgical Review, Jan. 1846.

[‡] Op. Cit. page 168.

The patient whose case we have now under consideration, was seized suddenly, after some unusual exertion; yet the pain in the lumbar region, and the condition of the renal secretion, merely pointed to a congestive state of the kidneys, according to Christison utterly distinct from inflammation. Besides, the symptoms indicative of constitutional disturbance, and more or less present in all inflammatory attacks, were here wanting; the phenomena were purely local; and it was only after some months duration that any sympathetic irritation was manifested.

It was three years after this seizure, that the patient entered the hospital; and the examination of the urine revealed a disease well established and of long standing. If we look to the starting point of degeneration as a diseased condition of the blood, [Johnson,] induced probably in this case by the abuse of alcoholic liquors, who can tell at what time the disease commenced? or that it may not long have existed before the attention of the patient was directed to his condition? We do not mean to deny that Bright's kidney may not arise from an acute inflammatory disorder, but we desire to be ranked among those eclectic inquirers — not exclusionists — who regard this disease as passive, and view it as congestive, contra-distinguished from inflammatory.

"A deposit of oil in the denuded tubes is not an uncommon occurrence, but is generally viewed in only a few of them." "It also is seen at times within the cells, but more frequently in clustered masses." "The disintegrating process going on within the tubules, will explain the appearance of the granular amorphous masses in the urine." Presence of blood corpuscles (seldom met with in this advanced stage of the disease, an explanation offered by the thickened walls of the malpighion capillaries) was only occasional, and contemporaneous with the paroxysm of congestion; the result of rupture, and not of simple exosmose. The smooth, mottled, external surface of the kidneys; here pale, from decrease of vascularity—there dark, from engorgement; marks an advanced stage of the disease, as also the thickened and adherent capsule.

A section exhibits the cortical substance slightly diminished, its true texture taken up by the plastic deposit, and giving the *white waxy-like* appearance.

once-held theory, that the presence of this agent acted as the immediate cause of these nervous phenomena, through some poisoning property, is now generally repudiated by many pathologists. "Dr. Frerichs gives an entirely new explanation, and states that the symptoms are not immediately due to the presence of urea, but to the carbonate of ammonia, which results from its decomposition within the blood-vessels." This opinion he supports by experiment, and furthermore adds, that if, in a patient laboring under uralmic poisoning, we examine the expired air, it will contain carbonate of ammonia, the amount in proportion to the intensity of the symptoms.*

We have been unable to confirm this opinion by our own experiments. The injection of a solution of carb. ammon. in the circulating current, appears more conclusive; yet, when we come to consider the many who labor under a large accumulation of urea in the blood, unassociated with any morbid manifestation, and observe that in many of these cases there seems to be no chemical change, we must conclude that a link is wanting in the chain of reasoning by which he endeavors to support his views. He assumes the existence (though totally ignorant of the nature) of some peculiar fermenting agent, which accounts for decomposition in the one case, and its absence to explain the want of change in another; and, until this is cleared up, his observations will require repetition before they can be admitted among the established doctrines of pathology.†

---

* Die Bright'sche Nierenkrankheit, pp. 107—112.

† Johnson, Op. Cit. p. 204.

ARTICLE II.—*A Case of Complicated Labor.* By HIRAM NANCE, M.D. Lafayette, Ill.

I was called, on the morning of the 5th of September, to visit an Irish lady, residing four miles distant. The messenger who came for me seemed to be in a great hurry, and urged me to go with all speed. I obeyed the summons promptly, and, when within about one mile of the house, I met the husband who was coming after me to urge me on. He remarked, "Hurry on, Doctor, my wife has been delivered of one child, and is going to have another." When I arrived at the house, I found an Irishwoman officiating as midwife. I inquired how the lady was: she said, "Very bad, Doctor; very bad. I immediately pulled off my coat, and, in making an examination, found a placenta delivered with the other end of the cord attached to another child in utero. I placed a ligature around the cord, and removed the placenta. Then I examined and made diligent search for the cord that belonged to the child that was born previous to my arrival; but the search was in vain, I could find nothing of it. I interrogated the Irish midwife in regard to it. She admitted the cord to be of the ordinary length, and that she separated the child from it: but the cord could not be found. What had become of it? My only answer to this question, is, that ignorant midwives, and, shall I say, sometimes inexperienced physicians? are too eager to deliver the placenta after the birth of the child, and, now, that something presents itself that will bear *some pulling*, they pull and pull until the cord is broken off; laying the patient liable to profuse flooding and to inversion of the uterus. Though she escape both of these, the cord being broken off is a serious perplexity, and we thereby loose the guide to the placenta.

Not finding the cord of the first child, and the placenta of the second one being delivered, I examined to ascertain the presentation of the child yet to be delivered. The mouth of the womb seemed to be fully open, and, on examination, I found the head resting above the symphosis pubis; the child was entirely doubled upon itself. By the side of the head, forced down on the perineum, was the left hand and foot. Here was a peculiarly complicated presentation—head, hand, and foot all at one time, and the uterus contracting most powerfully. The contraction was not regular, as was proved by an examination of the parieties of the abdomen. The child seemed to be forced down in the lower part of the uterus, and entirely doubled upon itself, with the placenta of the first child and one foot (the right) retained in an hour-glass-like contraction at the fundus. For a more minute description of this contraction of the womb, see *Ramsbotham's Process of Parturition*, Plate XLIX. Fig. 186. I waited for a short time, examining to see what effect the pains would have upon the child in this situation. I was very soon convinced that no pains could ever effect anything favorable while the child remained in this situation. It was impossible to push up the hand and foot, and make room for the occiput; the only alternative left, was, to bring down the feet, and thereby turn the child. After giving her a large dose of opium, she became quite easy, seemed to have no pain, slept a little, and said she was "comfortable." I again introduced my hand, but found the uterus still contracting firmly. After waiting some longer, I again made an examination, and found the parts *very little* relaxed. I made diligent search for the other foot, but to no purpose, it was impossible to find it, it was certainly at the fundus of the uterus firmly enclosed in an hour-glass-like contraction. The best authorities say, "if you cannot bring down both feet in turning, bring down one." As it was impossible to get them both, I brought down the one without any trouble, as it already rested at the os externum. On making traction by this foot, the child did not seem to be loosened the least from its situation; I then made slight traction by the foot with my left hand, and introduced my right hand and raised the head from its situation, and thereby effected the turning of the child, brought it down to its head, then brought down the chin and delivered it.

Immediately the child was delivered, I again examined, and found the uterus firmly contracting, but could not find the placenta of the first child, which was still retained at the fundus, firmly held by the irregular contraction before spoken of. I waited for an hour and a half or two hours, hoping that the firm contractions of the womb would expel it, but all to no purpose. I again examined, and could feel a part of the placenta presenting at the os uteri, which was high up in the pelvis; I managed to get hold on it, and used all the traction I dared to in an attempt to remove it. By steady traction with one hand, with the other applied externally on the uterine tumor, I attempted its removal, but this means failed. I then gave her another full opiate, and introduced my hand into the womb as far as I possibly could, and was then thorougly convinced that firm adhesion had taken place, and that my best prove this, but if there had not been, flooding would certainly have been more copious. It is truly astonishing to me, that hemorrhage was no worse, when the placenta of the second child was born before it.

In regard to the removal of adherent placenta, I will cite you to *Ramsbotham's System of Parturition*, page 312. He says: "Whenever half an hour or an hour has elapsed since the birth, without the appearance of any discharge, while at the same time three or four smart uterine contractions have taken place, we may begin to suspect not only that the placenta is morbidly adherent, but that through its whole extent; because, if any part were separated, some vessels must be rendered patulous."

He says, further, "That sometimes the adhesion is so strong that it is *impossible to peel it off from its attachment;* that instances are sometimes met with in which portions of the placenta are so closely attached to the uterine surface that they *cannot, by any means, be removed.*"

The Doctor goes on further to state, that he has opened more than one body where the bond of union was so firm between the uterus and the placenta, that it could not be defined.

All can see the difficulty that would be brought to bear in meeting with such a case; and I claim that my case was a case of this kind. If any physician, *under such circumstances*, can accomplish more than I have, and advise a better course, let me hear from him. My paper has already extended to greater limits than I intended; yet my essay is quite imperfect.

ARTICLE III.—*Report on the Meteorological Characteristics, and More Important Diseases Prevalent in Chicago, during the Summer of* 1856; *presented to the Cook County Medical Society, Oct. 7th,* 1856. By N. S. DAVIS, M.D.

It is now four years since I commenced a careful series of observations with a view of determining what connection, if any, there was between the atmospheric or meteorological conditions of each season, and the prevalence of different forms of disease. The results of these observations have been read to this Society from time to time, and may be found recorded in the *North-Western Medical Journal*, Volumes II. III. and IV. The a day of higher temperature, greater moisture, and, consequently, a more oppressive or relaxing atmosphere. After these, one or two days it became cooler, and continued so until the next fall of rain. There were several days in August cool enough to make an overcoat comfortable. The first week in September was recorded as "warm, wet, and oppressive." The remainder of the month was unusually cold, but still each rainy day was followed by one or two during which the atmosphere was warmer and excessively damp.

In glancing back over the past four years, I find each presenting atmospheric peculiarities which strikingly distinguish it from all the others. Thus, the summer of 1853 was distinguished by two periods of excessive heat; one in June, and the other in August; but both accompanied by a *dry* and bracing atmosphere, particularly throughout the North-Western States. The temperature of July was a little below the average, but the atmosphere remained remarkably dry and pleasant, in this section of the country, throughout the whole summer. It was also a season of unparalleled good health. The ratio of deaths in this city, during that year, was only one in fifty of the population.

The next summer (1854) was characterized by excessive and protracted heat, coupled with unusual dampness of the atmosphere, amounting often almost to saturation; yet rains were infrequent, and in many parts of this and the neighboring States the ground became so dry, during the latter part of summer and autumn, as to destroy vegetation. It was a season of unusual sickness throughout the country. This city was scourged by a severe epidemic of cholera, which commenced as early as the last of April, and swelled the aggregate mortality of that year to one in nineteen of the population.

The summer of 1855, was, in many respects, the reverse of that of 1854. The mean temperature was below the average for a series of years. There was at no time during the season more than four consecutive days of high temperature. The order of atmospheric phenomena was, generally, a gradually-increasing temperature for three or four successive days, then showers, *with a sudden* and extreme change to cold, causing the ren; and I noticed several cases complicated with lobular pneumonia, thereby adding much to the danger of the patient. During the last half of July, the attacks of diarrhœa and dysentery, among children under two years of age, were so much increased as to almost merit the title of an epidemic. The adult portion of the population, however, remained as much exempt from sickness as in the most healthy seasons. During the month of August new attacks were less frequent among children, but many of those who sickened in July, especially among the more ignorant classes, being neglected or badly treated, the disease assumed a more chronic form and terminated fatally during the month of August, thereby increasing the ratio of mortality for that month much beyond the ratio of new attacks. During the month of September, the cases of active diarrhœa and cholera morbus, among children, nearly ceased to recur. Dysentery, also, prevailed to a moderate extent, both among children and adults, during all the months of July, August, and September. The period of its most active prevalence, was during the last half of July. From the 19th to the 31st of that month, there occurred within the circle of my own practice 38 cases of dysentery, and 34 of diarrhœa and cholera morbus. In the latter number, is included a case which presented every symptom and feature of spasmodic cholera. The patient was a printer, aged about 35 years. He was attacked with vomiting, purging of serum or rice-water, severe muscular cramps, and all the symptoms belonging to the most active cholera, about the middle of the night of the 27th July.

When I saw him at 10 o'clock A.M. his skin was cool and corrugated; his eyes sunken, and features contracted; his voice husky and feeble; his pulse quick and very small; his discharges frequent, still serous, with almost constant distressing cramps in his extremities. During the months of July and August, I saw three other similar cases. None of them proved fatal; but, had it been a season, when epidemic cholera was prevailing, there would have been no hesitation in classing them under that head. Other practitioners in the city have informed me of five or six cases coming under their observation.

had become extremely emaciated and anemic, with symptoms of ulceration of the mucous membranes, and, in many, enlargement of the mesenteric glands. When asked why they had not applied for advice sooner, the reply was pretty uniform, "That the child was *teething*, and they did not think it good to stop the discharges too soon." Sometimes they had positively added to the mischief, by giving every three or four days a dose of castor oil, and in some cases, also, repeated doses of vermifuge medicines. In the City Sexton's Report for the month of August, no less than 54 are recorded as having died "from *teething*." It is comparatively rare to find a child affected with disease of any kind between the ages of four and eighteen months, that the mother or nurse does not attribute to the influence of the first dentition. And the idea that such cases, especially when they present the form of diarrhœa or cholera morbus, should not be promptly arrested, occasions an annual sacrifice of more than 100 children in this city alone.

Very few cases, of either diarrhœa or cholera morbus, came under my observation in the early stage of the disease which were not promptly relieved by small doses of calomel combined with opiates, and given at intervals of two, four, or six hours, until from three to six doses had been taken. When the vomiting was frequent and active, a solution of bi-carb. soda, ʒss. with acetas morph. 1gr. in water ℥ij. given in doses of from 10 to 20 drops immediately after each turn of vomiting, has aided much to allay the gastric irritation. These means generally arrested the vomiting and purging within twenty-four hours, and then were discontinued. If the opiates check the action of the kidneys as well as the bowels, as is frequently the case, the child may continue unusually sleepy, with nervous startings, for from twelve to twenty-four hours after they have been discontinued. These unpleasant symptoms are generally removed in a few hours by applying warm fomentations over the lower part of the abdomen, and giving internally from 5 to 10 drops of nitrous ether (spts. nit. dulc.) in a spoonful of strong infusion of common tea. In from twelve to twenty-four hours after the discharges have been checked, and the exhibiion of remedies for that purpose sus[illegible]ed. the evacuations little patients, after a severe attack of cholera morbus, extremely depressed, the mind torpid and drowsy, the face pale and contracted, the almost entire suppression of urine, and still a continuance of frequent watery evacuations of a greenish color, the above infusion was given every two hours, with 10 drops of nitrous ether added to each dose, and with a more rapid and permanent improvement than I have obtained from other remedies under the same circumstances.

In many of the attacks met with during the past summer, after the first active vomiting and purging had ceased, the discharges from the bowels would continue frequent, but small in quantity, more or less mixed with mucus, and sometimes streaked with blood, and the expulsion accompanied by straining or tenesmus. In the great majority of such cases, the following emulsion was found most beneficial, viz.:—

℞—Ol. Terebinth,		ʒj.
Tinct. Opii,		ʒj.
Pulv. G. Arabac,	aa	ʒiij.
White Sugar,		
Rub together, and add		
Mint Water,		℥ij.

Of this, from 10 drops to half a tea-spoonful may be given at a dose, according to the age of the patient, and repeated every 2, 4, or 6 hours, until the discharges become normal in frequency and consistence. In several of the cases met with during the month of July and the early part of August, a distinctly remitting type of fever existed in connection with the enteric irritation. Its symptoms were not always prominently developed, but frequently consisted in simple increased heat of the skin, a more frequent pulse, and more thirst during the afternoon and evening. In such cases, the exhibition of from half a grain to two grains of tanate of quinine, at intervals of three hours during the morning of each day, in addition to the other remedies, generally aided much in producing a rapid and complete recovery.

As has been previously stated, very many of the cases of diarrhœa and cholera morbus that came under my care, had already *assumed a chronic* form, accompanied by great emacia-

In most of the cases accompanied by a tumid or tympanitic abdomen, with frequent discharges, consisting in part of mucus, the emulsion of oil of turpentine and laudanum seldom failed to afford relief.

In three very protracted cases, in which I supposed the diarrhœa to be complicated with more or less enlargement of the mesenteric glands, the following was given and continued for two or three weeks, with the happiest effects, viz.:—

℞—Glycerine, . . .	℥ij.
Syrup of Iodide of Iron,	ʒij.
Sulph. Morphine, . .	1gr.
Mix,	

And give from 10 to 30 drops, every 4 or 6 hours, in a teaspoonful of sweetened water.

To illustrate further the treatment of this important class of diseases, would extend this report to an undue length. It will be observed that we restrict the use of mercurials mostly to the first stage, and then give but a limited number of small doses.

The pathological views of Dr. James Stewart, in his recent Prize Essay on the subject of Cholera Infantum, are directly calculated to encourage an excessive use of this potent class of remedies. Regarding a high atmospheric temperature with excessive moisture, as the efficient agents in determining the development of the disease, Dr. Stewart supposes them to diminish the interchange of carbon and oxygen in the lungs and thereby cause an excessive action of the liver, as the next great organ for eliminating effete carbonaceous matter. This excessive action leads to undue engorgement of the hepatic structure, and subsequently to engorgement of the whole portal system of vessels. Hence, he makes congestion or engorgement of the liver, the first link in the chain of morbid action which results in cholera infantum. I have no confidence whatever in this theory. There is no doubt, but a high atmospheric temperature and moisture constitute a part of the circumstances necessary for the development of this disease; but it is equally necessary that the preceding winter should have been sufficiently cold and protracted to make a wide contrast between the mean temperature of winter and that of summer. And it is much

The remainder of the report, relating to the prevalence of fevers and dysentery, must be deferred until the next number of the *Journal.*

SELECTIONS.

New York Medico-Chirurgical Society. Reported for the *American Medical Monthly,* by J. O. Bronson, M.D., Secretary.

July 8th.—The following case of Tetanus, was related by Dr. Benjamin Lee:—

Solomon Jackson, aged 39, entered hospital June 3d, 1856, with tetanus, the result of a large sloughing ulcer on the inside of right leg. The spasms involved the entire system, and were purely opisthotonic. Felt less in left leg than elsewhere. Could separate the teeth about an eighth of an inch. Was unable to protrude the tongue, which was badly bitten, and to chew his food. Was very weak; pulse 130, weak and irritable. Tone of system, poor. Has had no evacuation for four days; sleepless; spasms occurred about every three minutes.

He gave the following history:—In January last, a small tumor made its appearance at about the centre of the present site of the ulcer, which gradually increased till it burst. The ulcer, thus made, spread with considerable rapidity. It was treated with poultices and salves, until about six weeks since, when he consulted a botanical doctor, who pronounced the sore to have been caused by the bite of a tree toad! and proceeded to cut away portions of it—whether merely to remove sloughs, or with a view to "cutting out the poison," I am not able to say. He also gave him an "Improved Healing Salve," and an "Improved Healing and Drawing Salve."

No benefit was derived from these applications; and, on the evening of Saturday, May 24th, the patient began to feel cramps, starting from the leg and running up to the jaw. These gradually increased to their greatest intensity. The patient's countenance wore an expression of extrême anxiety. The following was prescribed, and a table-spoonful given every second hour:—

℞—Spt. Vin. Gal. . . . f℥ij.
Cinchonæ pulv. . . . ℥j.
Aq. puræ, . . . f℥iv.
M.

June 6th, A.M.—Has had a large soft evacuation. Spasms diminished in frequency and violence; more confined to legs. Less trismus. Has not bitten his tongue for two nights. Still considerable rigidity of muscles of mastication. Leg painful—probably owing to a change in the temperature. Increased the calc. chl. in the water dressing. Ulcer dark and foul in spots. Pulse 100; urination much easier; slept well.

10 *P.M.*—Pulse 84, full and round; leg comfortable; spasms less frequent, most severe in abductors of thighs, jerking the legs wide apart—very slight in upper extremities or trunk. Bowels quite loose; four evacuations during the day, unattended with pain; micturition easy.

June 9th, P.M.—Since last record the treatment has been as before. Yesterday, diminished the dose of cannab. ind. to gr. ij. every two hours. Ulcer generally clear, suppurating, and granulating. Spasms now felt only at knees. They appear to be principally in the vastus internus and sartorious—feeling, as he says, as if they were dragging his knees together. They do not occur now more frequently than every ten minutes. Can protrude the tongue, if done carefully, without inducing them. Ate a little softened bread, to-day, with some comfort. Bowels free, owing probably to the cinchona. Pulse 83, full and soft. Countenance still anxious.

June 10th.—Has slept well; spasms slight, not oftener than once in fifteen minutes, induced by a sudden noise. Pulse 80. Alternated the cannab. ind. with opii et camph. aa, gr. ij. to be given every two hours.

June 15th.—Improvement still continued. Altered treatment as follows:—

℞—Cannab. ind. ext. gr.xxx.
Sulph. fer. exsic. gr.ix. M.
Div. in pill no. 30.

Ol. Jec. Asel. A table-spoonful three times a day.

Since that time his improvement has been steady. He is now able to masticate his food without trouble. For a slight twitching in the sole of the foot, I, to-day, applied a fomentation of fol. aconiti, which afforded almost immediate relief. The ulcer is still, however, in an unhealthy state, and he is liable to a relapse into his tetanic state. But I think, that as far as that attack of the disease goes, he may be considered cured.

In answer to an inquiry, Dr. Lee remarked, that no diuretic effects were observed resulting from the use of the cannabis indica.

Dr. Carnochan spoke of several cases of tetanus, which had which was followed by death. The organ was presented, however, more to exhibit an abnormal condition or formation at its cardiac end, showing an irregular cyst, puffed up with air, appearing as if the inner coats of the stomach had suffered solution of continuity at some time, and the remaining tissues had become dilated into a pouch, capable of holding about two drachms. After examining the organ, Dr. Cox remarked, that the appearances internally would indicate that an ulcer had existed at that point; and he was of the opinion that such was the cause of the condition.

Dr. Cox presented, for Dr. Leigh, of the Nursery Hospital, a heart removed from a girl, aged 12 years, weighing eleven ounces, about twice the size of the organ in a healthy condition. Last winter, as was reported at the time of her entrance into the Hospital, she was affected with pains in her limbs and joints, which were considered by the physician in attendance as "growing pains." The joints were also swelled, and she probably had endocarditis, associated with rheumatism. She was admitted into the hospital on the 18th of June, suffering dyspnœa. Her pulse was rapid, and the action of the heart was violent. The sounds were blended and gave a bellows murmur. The patient was anæmic and emaciated. The face became œdematous and the feet swelled. Digitalis was temporarily beneficial in controlling the action of the heart. Gastritis became developed and diarrhœa supervened, which was uncontrollable, on account of the irritability of the stomach. Enemata and suppositories were used without effect. The evacuations, which were at first of a dark color, became mucus and blood. Violent pain existed in the gastric region. About two days before death, the heart's action became more natural. No delirium occurred at any period of the disease.

Post Mortem.—Examination, post mortem, found the lungs slightly congested; the stomach inflamed; the spleen enlarged to three times its natural size; the liver also hypertrophied, and some effusion into the cavity of the peritoneum. The heart (which is spoken of lastly, it being before the Society,) was found very much diseased. Its size, as mentioned before, was nearly doubled, the left ventricle dilated, and the auricle of the same side showed evident signs of inflammation. The mitral valves, also, presented some evidences of inflammation having existed.

Dr. Cox also presented a portion of the ilium and colon of a child, one year and two months old, who but a few days before was apparently well. The bowels were regular, appetite good, and *no evidence of* disease existed. It had been weaned four

The use, in practice, of an active principle of Peruvian bark, heretofore thrown away, and which is obtained in large quantities from a class of barks entirely rejected for want of a good per centage of quinia, not only affords a cheaper substitute in itself, but must evidently diminish the price of quinia, by curtailing the demand. It is far from being a question of dollars and cents merely to the physician or even to the people. It is a question of life or death to many. In such an epidemic as prevailed in this county from 1843 to 1848—at its acme in 1846—when it overspread the whole community, leaving out scarcely a family, or a member of a family — the sulphate of cinchona, whilst saving, doubtless, *thousands* of dollars to the county, would, I have every reason to believe, have prevented many shattered constitutions, and perhaps some deaths, which, however, were rare. Every physician engaged in practice knows, that not only the poor suffer for the want of quinine, or are thrown upon his charity, but many, who are independent livers, in times of great sickness from intermittents, use quinine with stint and of inferior quality.

Sulphate of cinchona cannot now be regarded purely as an experimental medicine. Occasional successful experiments have been made with it ever since 1821; and Pereira says, whilst it fell into disuse principally upon the evidence of Chomel, "the subsequent observations of Dufour, Petroz, Potier, Bally, Nieuwenhuiss, Mariani, Bleynie, and others have proved that the di-sulphates of these alkalies (quinia and cinchona) may be substituted for each other. Nay, Bally gives the preference to the di-sulphate of cinchona, on the ground that it is less irritating than the di-sulphate of quinia." Prof. Wood says, "there is little doubt, however, that cinchona possesses febrifuge properties little, if at all, inferior to those of quinia." Dr. Pepper, in the *American Journal*, January, 1853, reports 17 cases of intermittents satisfactorily treated with it in the Pennsylvania Hospital. Dr. R. P. Thomas, in the College of Physicians of Philadelphia, as may be seen in same journal, January, 1856, after referring to the experiments of Drs. Pepper and Gerhard, and quoting from *Ranking's Abstract*, for June, 1855, that M. Hudelet, physician to the hospital at Bourg, since March, 1853, out of 507 cases of intermittents of all kinds, had cured all except 9 with this remedy, states that, at his instance, in the Western Clinical Infirmary, all except 1 in 10 cases of remittent, and 109 of intermittent had been cured with it; and in the Philadelphia Dispensary, 102 walking cases of intermittent have been treated with it, and the results *carefully observed* by Dr. George Martin, who has prepared

P.S.—The eighth case, a negro woman, has been reported to me by her master. She took eight grains sulphate of cinchona in a tertian, neglecting to take six more during the eighteen hours immediately preceding the period for chill, with the effect of postponing the chill three or four days. The remaining six grains, divided into three doses, were then taken, and she has had no return of chill since—a week or more.

Three of the cases in the family alluded to, have had relapses. One of these, however, was the case treated with sulphate of quinia. On the 27th ult. I sent them a box of pills, composed of 1 grain chinoidine, 1 drop ol. piper. nig. ordering eight or ten to be taken by adults in the intermission, to arrest the chills, and then one or two a-day to prevent relapse.

Sept. 6th.—The chinoidine had stopped the chills in all three cases at the first trial, just as promptly as sulphate of quinia or cinchona. The cost of chinoidine is only one-half that of sulphate of cinchona, and one-fourth that of sulphate of quinia. The saving from the use of these cheaper substitutes for one of the *necessaries* of life, in some localities, and in some periods, the source of which is rapidly being exhausted, may be inferred from the fact, that a single mercantile establishment on Staunton River, as I am informed by a physician in its vicinity, has sold within the last twelve months (and I rather think he said during this year) one hundred ounces of sulphate of quinine, generally in half drachm and drachm vials, at fifty cents and a dollar per vial. And I have seen it sold at this rate in former years, mixed often with sulphate of magnesia at that, to make the people think they were getting a large quantity; and this was done (according to the merchant's statement) by the Philadelphia druggist, who "misunderstood his directions, to 'put it up in a showy style,' to mean a large bulk, instead of handsome vials." Whether it had the right weight of quinine, as he said, I never knew, for I refused to allow its use in any of my cases. —*Virginia Medical Journal.*

Crystalized Sub-Acetate of Lead, and Tincture of Digitalis in Hypertrophy of the Heart. Reported by W. F. JONES, M.D. Petersburg, Va.

During the month of February, 1856, I was called to see Mrs. J. æt. 57. Has been, for the past five or six years, subject to frequent attacks of rheumatism—first showing itself in the hand and wrist, and afterwards becoming general. Found her, on my first visit, just recovering from a violent paroxysm of *palpitation of the* heart, accompanied by distressing dyspnœa;

returned now, the 10th August, and does not complain of any of her former symptoms. She, however, looks somewhat debilitated at present, from a slight bilious attack while absent in the country, but every vestige of the cardiac affection is removed, and at this time attends to her domestic duties.

Diagnosis.—I suppose the above case to be one of well-developed hypertrophy of the heart, dependant, in the first instance, upon rheumatic neuralgia, translated to the cardiac region. The treatment, which seemed so efficacious and prompt in its results, was suggested to my mind by an article first published in the *New Orleans Medical News and Hospital Gazette*, under the head of "Observations on the Use of Crystalized Sub-Acetate of Lead in Hypertrophy of the Heart," by J. L. Brachet. Although my prescription differs somewhat from his, still it amounts to the same thing, and to him I willingly concede the credit due him.

Modus Operandi.—The digitalis is known to exert a *sedative* influence on the heart, diminishing the force and frequency of its action, while the acet. plumb. has a *sedative astringent* effect, thereby aiding the digitalis in its efforts to command the excessive action of the heart, while it contracts its fibres. This contraction produces pressure, which pressure arouses the absorbents, and the difficulty is removed. This, however, is but theory—facts are what we want.

The above case was certainly most promptly relieved by the continued agency of the above remedies. I report it for the benefit of my professional brethren. I take no credit to myself for any discovery. I have simply tested the recommendation of another, and give you the result.—*Virginia Medical Jour.*

Diagnosis of Injuries of the Shoulder-Joint.

In our last number we reported a case, which illustrated the difficulties to be encountered in forming a correct diagnosis in injuries of the shoulder-joint. In connection with this subject, we present to our readers, the confession of a distinguished French surgeon, M. Lenoir. It was elicited by the discussion which took place on the 13th of October, 1852, at a meeting of the Societe de Chirurgie. We translate his remarks, as published in the *Bulletin de la Societe de Chirurgie*, tom. iii, p. 180.

REMARKS OF M. LENOIR.—You are aware that we have two kinds of fracture in this region. One, and that the most common through the surgical neck; the other, but rarely observed, through the anatomical neck. Now I admit nearly all that has been said *about the facility* of detecting a fracture through the only by extreme violence applied almost exclusively, to the stump of the shoulder; such violence always gives rise to a considerable extravasation of blood, tumefaction, and stiffness of the contused muscles; all of which circumstances are unfavorable to a thorough examination of a deeply seated fracture. Again, the deformity by which this accident is attended, is scarcely perceptible. Indeed, when the head of the humerus is separated from the tubercles, the upper fragment still presents a certain volume, and if it remain in the glenoid cavity, the stump of the shoulder will be but little depressed. I ask, then, is it possible for the most attentive surgeon to detect this slight depression, while the soft parts are still swolen? Crepitus, a pathognomonic symptom of fracture, is here absent or it may be indistinct, when the uneven surface of the lower fragment is brought in contact with the smooth, polished surface of the glenoid cavity. But the sensation thus produced is calculated rather to lead the surgeon to suppose, that, instead of a fracture, he has only a contussion to treat. Beside the symptoms already enumerated, we have the presence of the head of the bone in the vicinity of the glenoid cavity; if detected of course it will be the most positive test of the fracture and the luxation; but the tumefaction remaining for days after the accident will interfere with our examination, and, as the head of the bone is but a small size, may it not be so situated as to render it impossible for the most experienced surgeon to discover it? For these reasous, I maintain, that, in these cases, errors in diagnosis must often be committed.—*Western Lancet.*

Extract from a notice of Recent Researches on the Origin of Entozoa, more especially of Tape Worms. By ALLEN THOMPSON, M.D., F.R.S., London and Edinburgh, and Professor of Anatomy in the University of Glasgow.

There can be no doubt, whatever, that the occurance of tape-worm in the human subject, as in animals, is dependent on the introduction into the alimentary canal of the Scolex-larva, accidentally or along with food. The most frequent though not the only, source of these Scolices in this country and a part of the continent of Europe, is probably the Cysticercus cellulosæ of measly pork, when this is used in a partially cooked or raw state. This accords with general belief, and with what has been ascertained in a number of instances of persons affected with tape-worm, viz.: that they had been in the habit of eating raw or imperfectly-cooked meat. In Abyssini, where this habit *prevails to a great extent,* the inhabitants are well known to be removing this affection from a flock in which it may have become prevalent, and in which it is well known sometimes to cause very great losses, must be the careful separation of the dog from the sheep for a certain time: for such time, indeed, as that the dog shall find no more Cænuri in the offal, &c. of the sheep, in eating which it receives the larvæ of its Tænia, and the dog being free from this Tænia, shall not furnish the ova or embroys, which being taken accidentally with the pasturage or water by the sheep, establish themselves in them as encysted Cænuri. Von Siebold states the important fact, that those flocks which are entirely without dogs, and are stall-fed, are never affected with the sturdy.

A remarkable example of the presence of cystic entozoa in the human subject, is mentioned by Von Siebold as having recently been described by Dr. Schleisner, in his "Medical Topography of Iceland," published 1851. It appears that the people of that country have been for some time suffering, to a great extent, under a very remarkable hydated disease. The Hydatids affect the liver, peritoneum, and sub-cutaneous texture. Eschricht writes to Von Siebold, that this disease has extended itself to such an alarming degree, about a sixth of the whole population being affected with it, that it is attracting considerable attention at Copenhagen. It produces long-protracted illness, and terminates in a painful death; and means of cure have not yet been discovered. Von Siebold considers it as extremely probable that this disease, consisting in the development of a cystic entozoon, depends on the introduction of the ova of a Tænia into the body; and that this arises from the immense quantity of dogs kept in Iceland for the purpose of herding sheep and cattle. Should the further elucidation of this fact lead to the adoption of successful measures for the preventation of the disease, it will be a satisfactory instance of the assistance which may be furnished to rational pathology and the practice of medicine, from physiological researches, which might at first sight have appeared to some to be very remote from such an application.

Before concluding, I would call the attention of medical practitioners, more directly than heretofore, to the investigation of the habits and circumstances of patients who may be under their care for various verminous affections. There is another department of the subject upon which I have been unable to touch, which is also greatly deserving of increased attention; I mean the collection of observations by those who may be favorably situated, as to the nature of the entozoa which affects different races and nations of mankind, together with the

The chapter on the Therapeutics of Sterility, contains nothing essentially novel or new, and we will not weary our readers by a repetition of what they will find in most of our standard works.

Both of the above works are for sale by Keen & Lee.

J.

Medical Jurisprudence. By ALFRED S. TAYLOR, M.D. F.R.S. &c. Fourth American, from the Fifth and Improved London Edition, Edited, with Additions, by EDWARD HARTSHORNE, M.D. &c. Philadelphia, Blanchard & Lea, 1856.

This is one of those works which has found its way into the office of almost every physician in the country. It is only necessary to say, that this new edition possesses all the intrinsic value of former ones, together with much valuable matter with which the author has enriched the last London edition. It is for sale by Keen & Lee, Chicago. J.

The Dissector's Manual of Practical and Surgical Anatomy. By ERASMUS WILSON, F.R.S. &c. The Third American, from the Last Revised London Edition, Illustrated with One Hundred and Fifty-Four Wood Engravings; Edited by WM. HUNT, M.D. Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia, Blanchard & Lea.

This is an excellent work of the kind; one of the best that can be placed in the hands of students. Its numerous and accurate engravings add much to its value. It is already well known to the profession.

For sale by Keen & Lee, Chicago. J.

A Treatise on the Practice of Surgery. By HENRY H. SMITH, M.D. Professor of the Principles and Practice of Surgery in the University of Pennsylvania; Consulting Surgeon to St. Joseph's Hospital, Philadelphia; Author of a Treatise on Operative Surgery, &c. Illustrated by Two Hundred and Seventy-Four Engravings on Wood. Philadelphia, J. B. Lippencott & Co. 1856.

This is the title to a well-executed volume of eight hundred and twenty-eight pages, recently issued from the press. It was evidently designed by the author to constitute a text-book for

From the foregoing, our readers will readily comprehend the general arrangement and contents of the work. Most of the subjects are considered briefly, perhaps too much so to be satisfactory to the practitioner who wishes for an efficient guide in the treatment of his patients: yet, as a whole, the author has given us a very fair compilation or summary of the doctrines and modes of practice adopted by surgeons of the present day. We use the qualifying term, *as a whole*, because there are some parts that seem to us rather behind the times, and others that scarcely do justice to his contemporaries. For instance, in the section on the "Etiology of Inflammation," the author says:—"The *causes* of inflammation may be classified as exciting, predisposing, and *proximate*." Under this latter head, he proceeds seriously to describe those pathological changes in the blood and tissues which constitue the inflammation itself. In the days of Cullen, when inflammation was defined to be a group of symptoms consisting of heat, redness, pain, and swelling, there was some excuse for applying the term, "Proximate Cause," to the changes in the fluids and solids of the part which gave rise to those symptoms: but, for a systematic writer, in the last half of the nineteenth century, to be guilty of so manifest an absurdity as the application of the term *cause*, or "Proximate Causes," to the disease itself, is scarcely excusable.

Again, in his section on Morbus Coxarius, he fails, in our estimation, to do justice to the valuable paper of Dr. Alden March, of Albany, on the same subject.

In the section on Ununited Fractures, we find the following paragraph, viz.:—"Another method, is that of Dieffenbach, who drilled holes in the extremity of the bones, and inserting little pegs of ivory kept them there, until such an amount of inflammatory action was developed as resulted in union. Dr. Brainard, of Chicago, has also *proposed* to drill a number of holes in the end of the bone with an awl, with the same view. But, in order to make use of any of these modes of treatment, it becomes necessary that the patient should, for a long time, retain the recumbent position, whilst he is exposed to the risks of the creation of a compound fracture, *in which suppuration may take place*," &c.

of others, whom we have never seen, have become as familiar as household words. In retiring from the editorial chair and bidding our patrons adieu, we have no apologies to make—we have done what we could, and are content to leave it to our readers to say how well and how faithfully. We confess that our enthusiasm, as a medical journalist, has somewhat abated during the last five years. The sacrifice of time and money is too great: the remuneration too small. A majority of the profession are too poor to pay for what they read, and as the years pass by and their indebtedness increases they become still poorer. We would not insinuate that physicians are dishonest in this matter; but the easiest way to pay the printer is to return a number marked "*refused.*"

We said that our enthusiasm had somewhat abated, and yet we can assure our readers that the *Journal* never had a larger or better paying subscription than it has now, and its prospects for permanence and usefulness were never better than they are to-day. In the hands of Professor Davis, as sole editor and proprietor, we are confident that it will continue to be an efficient instrument for the advancement of the science of medicine, and for elevating the standard of professional education; and we bespeak for him not only the *paying* patronage of all of the present subscribers to the *Journal*, but the assistance and substantial support of the great body of physicians of the North-West.

H. A. JOHNSON.

Prize Essay.

At the last annual meeting of the "Illinois" State Medical Society, the sum of *Fifty Dollars* was provided and offered as a premium for the best Essay on some Medical subject; and we hope it will not be forgotten by the profession.

All essays, intended as competitors for this premium, should be transmitted to Prof. J. V. Z. Blaney, Chairman of the Committee appointed to examine the same, on or before the *first* day of May, 1857.

Each essay should have a motto and be accompanied by a sealed note with the same motto on the outside, and within the *name of the author.*

From this discussion in the New York Academy of Medicine, and from the allusion to the same subject in the recent volume of Dr. Smith on the Practice of Surgery, we think it would be useful to distribute a few copies of Dr. Brainard's Essay for the purpose of diffusing more accurate information.

◆

MISCELLANEOUS ITEMS.

Legal Responsibilities.

Judge Minot, of Pennsylvania, has laid down the following rules of law, as applicable to physicians:—

1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by practitioners generally.

2. He engages to exercise that skill with reasonable care and diligence.

3. He engages to exercise his best judgment, *but is not responsible for mistake of judgement.* Beyond this the defendant is not responsible. The patient himself is responsible for all else; if he desires the highest degree of skill and care, he must secure it himself.

4. It is a rule of law, that a medical practitioner never insures the result. These are received in general as sound views, and such will govern every enlightened court. There could scarcely be a greater absurdity than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions on the part of nurses and attendants. —*Cincinnati Medical Observer.*

Extensive Injury During Pregnancy.

In this city, last winter, a robust German female, about twenty-six years of age, and five months pregnant, fell into a well and descended fifty-one feet! She suffered an oblique fracture of the thigh, complete dislocation at the knee-joint, and a fracture both of the tibia and fibula just above the ankle! At no time, after the accident, did she manifest any signs of abortion, but went her full time, and was delivered, some time in June last, of a well-formed healthy child. It may not prove *uninteresting* to mention, that, during the pregnancy, the fraclungs were not at all congested, and the coats of the stomach were found to be very little affected by the presence of the poison. The smell of naphtha pervaded the whole of the tissues, and was very perceptible immediately on opening the head.

Benzoin in the Treatment of Chronic Dysentery.

The compound tincture of Benzoin, in the dose of from fifteen to twenty minims, is strongly recommended by Mr. Wells, of Bristol, as a valuable remedy in chronic dysentery.—*London Lancet.*

Professional Reputation.

Dr. Baillie, of London, remarked that he had never known a physician, who, from any cause, acquired business rapidly in London, who permanently retained it. If it be rapidly acquired, this must be accomplished by means independent of those which give a firm hold on the confidence and affections of patients, for they cannot at once be displayed, nor can they at once have their full operation. Sir Astley Cooper's receipts from his first year's practice, were $26; the second year, $130; and so on, until on the ninth year it amounted to $5,500. Afterwards, his receipts ran up in one year to the enormous amount of $115,000. Dr. Hope, with a well-known London reputation, made $1,000 the first two years.—*Prof. Barker's (N.Y. Med. College) Introductory Lecture.*

☞ Dr. George C. Blackman, Professor of Surgery in the Medical College of Ohio, has become associated with Dr. T. Wood, also a Professor in the same College, in the proprietorship and editorship of the *Western Lancet.—Boston Med. and Surg. Journal.*

☞ As it may interest some of our readers to know where copies of the works published by the Sydenham Society may be obtained, we copy the following from a circular sent us:—

THE SYDENHAM SOCIETY, OF LONDON.—List of the Society's Works, of which copies are still on hand, and from which new members, subscribing for the current year, may make a selection, on payment of an additional five dollars for any three vols., with the exception of those to which an asterisk is affixed. Those to which an asterisk is affixed, or any other single volume, may be had for $2 50 per volume.

Sydenhami Opera Omnia. 1 vol.
Hasse's Pathological Anatomy. 1 vol.

THE NORTH-WESTERN

MEDICAL AND SURGICAL JOURNAL.

(NEW SERIES.)

VOL. V. DECEMBER, 1856. NO. 12.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Report on the Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy; read before the American Medical Association, at its Annual Meeting in May*, 1856. By N. S. DAVIS, M.D. &c.

At the Annual Meeting of this Association in May, 1855, I had the pleasure of submitting a brief report on the best methods of preserving milk, in a state of freshness and purity, during long periods of time; and I now propose to occupy your attention with such facts and observations as I have been able to collect concerning the other important topics referred to your Committee for investigation.

The opinion has long been prevalent, both in and out of the profession, that the milk of mothers, who have become again pregnant during the period of lactation, is not capable of affording a sufficient amount of healthy nutritive matter for the proper nutrition and development of the nursing infant. The number of recorded observations calculated to form a basis for this opinion, is very small; and, so far as I have been able to learn, no attempts have been made, either by microscopic or chemical examinations, to ascertain the precise changes, if any, which take place in the milk in consequence of the supervention of pregnancy or menstruation. In Hassell's work on *Microscopic Anatomy*, we find only the following paragraph:—"The milk of women, in whom the natural periods have returned during the course of lactation, has likewise been carefully examined. Except in a single instance, however, it has not been found to present anything remarkable in its characters. In the case referred to, it had degenerated to the condition of colostrum, and contained the granular colostrum corpuscles."

Lehmann, in his work on *Chemical Physiology*, just issued from the press in this country, says, in speaking of the morbid changes in milk, that "Epithelial cells, mucous corpuscles, fibrinous clots, blood corpuscles, infusoria (vibrio bacillus,) and byssus (blue milk) are rare admixtures, purely accidental, or caused by pathological affections of the mammary glands."

Dr. Carpenter, and other writers, allude to the subject in the same general terms.

Being unable to find already on record any number of analyses of milk secreted during either menstruation or pregnancy, I have embraced every opportunity afforded me during the past year for making analyses, both chemically and with the microscope.

Analyses of healthy human milk have been made by Simon, L'Heretier, Chevallier and Henri, Vernois, and several others; and the results obtained by them clearly establish the fact, that the relative proportion of the constituents of healthy milk varies much in different individuals, and even in the same individual at different times and under the influence of variations in diet, exercise, &c.

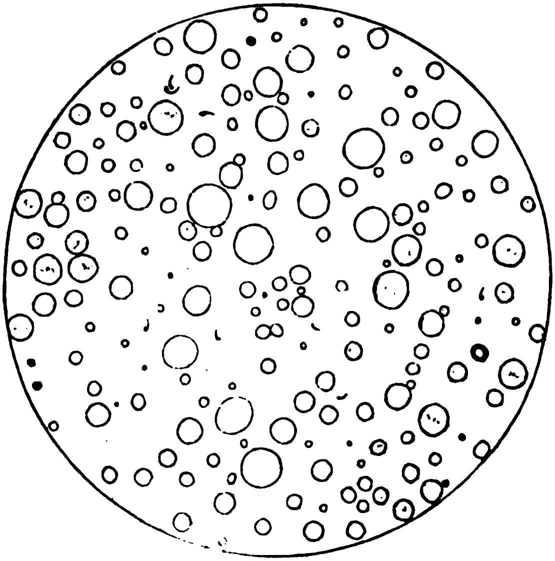
To obviate, as far as possible, any erroneous inferences from the occurrence of these normal variations, I have, in this report. placed in comparison only the milk of the same female, taken at different periods of time, but under circumstances in regard to diet, exercise, &c. as nearly uniform as possible. To determine the effects of pregnancy on the composition and properties of milk, I obtained from Mrs. G. an intelligent American lady. aged about twenty-seven years, when in the eighth month of lactation she was again found to be nearly three months advanced in pregnancy, an ample supply of milk for examination. At the same time, a careful record was made concerning her health and that of her nursing child. She passed through the full period of pregnancy, underwent a safe delivery; and, when in the third month of lactation, free both from menstruation and pregnancy, she again supplied me with a sufficient quantity of milk for a full examination.

For another comparison of the same kind, I obtained from Mrs. B. an Irishwoman, aged about thirty-five years, when in the eleventh month of lactation and the beginning of the sixth month of pregnancy, one specimen of milk, and another specimen after she had completed her period of gestation, and again arrived at the fourth month of healthy and uncomplicated lactation.

To determine the influence produced by menstruation, I obtained from Mrs. W. an intelligent American lady, aged twenty-five years, when in the seventh month of lactation, free from menstruation, and nursing a very healthy and well-nourished baby, an abundant supply of milk. Four months subsequently she began to menstruate and continued to do so regularly, and, at the same time, nurse her infant until the fourteenth month of lactation. During the period intervening between the second and third menstrual discharges, she furnished four more samples of milk for examination and analysis.

All the specimens of milk examined were subjected to the same processes, and with a view of determining in each:—*first*, the microscopic appearances; *second*, the relative proportion of cream which would separate by standing; *third*, the relative proportion of water and solid matter; and, *fourth*, the relative proportion of each of the following ingredients, viz.:—water, butter (or oil soluble in ether,) casein, sugar and extractive matter, and salts. To accomplish the first object, each specimen of milk, soon after its removal from the breast, was subjected to a careful examination under a good achromatic lens, magnifying one thousand diameters. The two first specimens, which were obtained from females in the state of pregnancy, presented appearances strikingly similar. A carefully-executed sketch of the field, as it appeared under the micros-

FIG. II.



exceedingly minute globules of low refracting power, which are supposed to be composed of casein by M. M. Quevenne and Donne. In the plates they are mostly represented as small black spots.

Another highly-interesting peculiarity, noticed in the milk of Mrs. G. while in a state of pregnancy, was the presence of a considerable number of exceedingly small anamalculæ. Some of them appeared to be perfectly linear, like vibrios; while others were evidently enlarged at one end, somewhat resembling the human spermatozœ, though much smaller and the tail less filiform. They were all capable of an independent, though vibratile or wriggling motion, by which they were sometimes seen to move from one-fourth to one-half of the distance across the field. After repeated and careful observations, I am satisfied that the motions here described were wholly independent of any accidental motion in the fluid under examination. These apparent animalculæ are very correctly represented in Fig. I. They were also visible, though fewer in number and smaller, in the milk of the same woman when not pregnant, as represented in Fig. II. Aside from this, the milk represented in Fig. II. presented no microscopic appearances different from ordinary specimens of healthy milk.

In comparing the microscopic appearances of the two specimens of milk furnished by Mrs. W. one before and the other after the return of menstruation, three points of difference were noticed. In the latter, the true milk globules were decidedly fewer in number; a larger proportion of them were very small: and a small number of exceedingly minute animalculæ were visible. These differences are very accurately represented in Figs. III. and IV.

FIG. III.

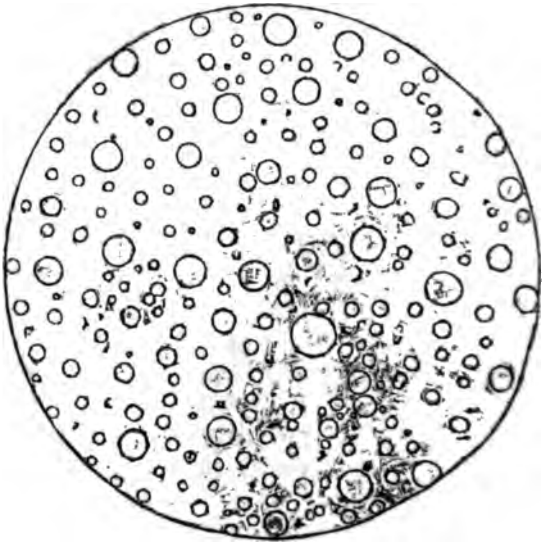
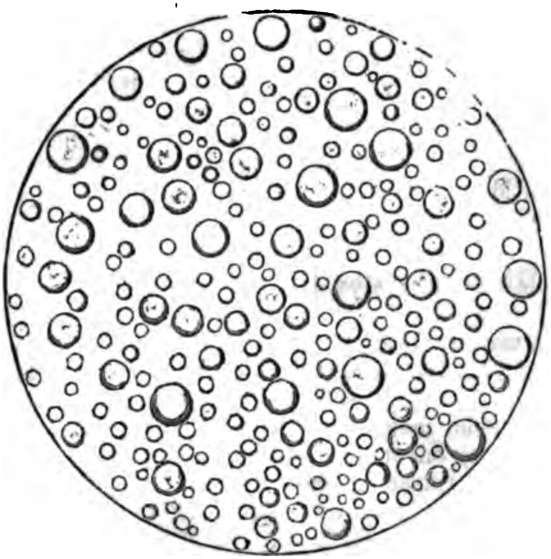


FIG. IV.



To ascertain the relative proportion of cream which would separate spontaneously, a certain quantity of each specimen of milk was allowed to stand in an open tube thirty-six hours, when the thickness of the stratum of cream was readily determined by measurement. The milk of Mrs. G. obtained when she was in the eighth month of lactation and the third month of pregnancy, exhibited a quantity of cream equal to one-sixteenth part of the whole bulk of milk. That obtained from Mrs. B. when in the eleventh month of lactation and the sixth month of pregnancy, exhibited cream equal only to one-twentieth of the whole quantity of milk. The milk received from Mrs. G. during the third month of the second lactation, yielded a proportionate bulk of cream fully equal to one-eighth; and that obtained from Mrs. B. during the fourth month of the second lactation, gave one-twelfth.

These are striking differences, and well worth careful consideration.

The milk furnished by Mrs. W. when in the seventh month of healthy and uncomplicated lactation, the same as represented

Of the solid matter there was,		
butter or oil, soluble in ether,	8 grs.	16.84
Sugar and extractive matter,	11 "	22.10
Casein,	12 "	25.26
Salts,	1 "	2.10

Fourth, the milk of Mrs. G. in the third month of the second lactation, without pregnancy or menstruation:—

		Proportion in 1000 parts.
Whole amount analyzed,	205 grs.	
Solid matter, by evaporation,	24 grs.	117.07
Water,	181 "	882.93
Of the solid matter there was,		
butter or oil, soluble in ether,	8 grs.	39.02
Sugar and extractive,	6.5 "	31.70
Casein,	8.5 "	41.46
Salts,	1 "	4.87

Fifth, the milk of Mrs. W. at the end of the seventh month of lactation, without menstruation or pregnancy, the nursing child being very robust and healthy:—

		Proportion in 1000 parts.
Whole amount analyzed,	1500 grs.	
Solid matter by evaporation,	203 grs.	135.34
Water,	1297 "	864.66
Of the solid matter there was,		
butter or oil, soluble in ether,	67 grs.	44.67
Sugar and extractive,	55 "	36.66
Casein,	75 "	50.00
Salts,	6 "	4.00

Sixth, the milk of Mrs. W. in the thirteenth month of lactation and the third month of menstruation. The table presents the average results of four separate analyses:—

		Proportion in 1000 parts.
Whole amount analyzed,	1467 grs.	
Solid matter, by evaporation,	137 grs.	93.38
Water,	1330 "	906.62

membranes, manifested by frequent attacks of diarrhœa, more or less emaciation, and almost constant peevishness. These inferences, drawn from a knowledge of the changed composition of the milk, are, to a certain extent at least, confirmed by direct clinical observations. Thus, the child of Mrs. G. which was only about four months old when the mother again became pregnant, was perfectly healthy and well nourished up to that time. Soon after, it began to be peevish and restless, with flatulency, and occasionally green discharges from the bowels. These changes were at first slight, but they gradually increased, and at the end of six weeks it was evident that the child had ceased to be well nourished. Its tissues had become soft and flabby, and the mucous surfaces irritable, as manifested by occasional vomiting and more frequent intestinal discharges of a green color and sometimes mixed with mucous. During the succeeding two months, the child was subjected to several attacks of severe watery diarrhœa, accompanied by so much emaciation that the parents took it from the city into the country, with the hope that a change of air would restore it. While absent, however, it was attacked with cholera morbus, and died in two or three days. To enable the reader to judge how far the period of primary dentition and the season of the year influenced the child, it is proper to state, that at no time could I discover any evidence that the advancing teeth produced irritation, either local or general. The mother became pregnant the last week in April; and the nutrition and general health of the nursing child became decidedly impaired before the end of the June following. This was too early for the influence of the season to be felt unfavorably; although the two following months (July and August) undoubtedly increased the tendency to intestinal irritation, and probably hastened the fatal termination.

The child of Mrs. B. was also healthy and well nourished until it was five months old, when the mother again became pregnant, which was in the month of March, 1855. During the month of May, the mother applied to me for advice, saying, that, for three or four weeks, her child had been unusually fretful and restless; that it was [illegible] with flatulency; often rejected its milk by vomiting, and was "getting poor." I examined the child's mouth, but found no swelling of the gums or other indications of irritation from teething. Although temporarily relieved by medicine from time to time, the child continued to fail in its nutrition and to become more and more subject to diarrhœa and vomiting, until during the latter part of summer it presented the appearance of extreme emaciation and anœmia. The mother persisted in nursing it until the middle of September. Soon after it was taken from the breast, it began to gain in flesh and strength, and continued to do so for two months. At the end of this time it was attacked with symptoms of sub-acute meningial inflammation, and died in about six days with evident effusion of serum on the brain.

I have been thus particular in stating the health of the children, as well as the season of the year when the mothers became pregnant, in connection with the results of the analyses and microscopic examinations of the milk, that we might have all the circumstances which could be supposed to exert an influence on the results. Since their second confinement, both mothers have enjoyed good health; and at the time they furnished the last specimens of milk for examination, the one in the third, (see Fig. 2) the other in the fourth month of lactation, their nursing children were perfectly healthy and well nourished. Since this subject has been under investigation, I have met with four other females who had become pregnant while nursing. In all but one the children began to exhibit symptoms of imperfect digestion and nutrition within two months from the time the mothers became pregnant, and continued to do so until they were removed from the breast. One of these mothers came to me for advice about the propriety of *weaning* her child in November last. She said the child had not "*grown well* for several months;" that it was exceedingly fretful and restless, with frequent disorder of the bowels. I learned that she was then in the sixth month of pregnancy, and the secretion of milk in her breasts had been insufficient for the child without the daily use of other milk. She agreed to procure for me a vial of milk from her breasts the next day, and then immediately wean the child. To her surprise, however, she found on making the trial next day that she had no milk in her breasts, being able to procure the discharge of only a very few drops of a watery fluid. The child was not put again to the breasts, and no more milk was secreted until after her subsequent confinement. Here was a case in which the progress of utero-gestation seemed to cause the entire cessation of the secretion of the mammary glands; the woman being in the mean time in robust health. The child subsequently became healthy, and remains so at the present time. On the other hand, one of the four mothers, to whom I have just alluded, became pregnant about the sixth month of lactation. The nursing child continued to enjoy good health, and its nutrition to remain nearly as perfect as before. The mother herself, however, soon began to show signs of anœmia, which increased so rapidly, coupled with much nervous irritability and tenderness of the mucous lining of the mouth, that she was compelled to wean her child at the end of the fifth month after the commencement of pregnancy. So far as I have been able to observe, the effects of menstruation, both on the quality of the milk and the health of the nursing child, are much less marked than than those of pregnancy. The child of Mrs. W. maintained good health and was well nourished throughout the whole period of nursing. During the last two months, however, after the menses had returned, it became habitually more irritable, and seemed to require additional nourishment.

Investigations, such as I have entered upon, for elucidating the questions propounded to me by the Association, require much time and labor, though the results may be stated in a few words or figures. The important practical bearing of the results obtained thus far, will be obvious to every intelligent physician. But the examinations and analyses, microscopic and chemical, should be multiplied until they are sufficient to render all conclusions, drawn from them, demonstrated truths.

ARTICLE II.—*Case of Compound Fracture of the Skull, with Symptoms of Compression—Operation.* By WM. MANSON, M.D. and JOHN T. RICHARDSON, M.D.

On the 10th of August, at 7 o'clock, A.M. we were called to with some difficulty that three men could keep him quiet. The skin had by this time began to grow warm; the breathing, from being stertorious, now became natural.

Left him in care of two trusty men; ordered him to be kept quiet, and applied cold water to his head. Gave two drops of croton oil, with orders to repeat it in half an hour, if it did not operate.

We visited the patient again at 6 P.M. Flighty at times; recognizes all who call in; feels no pain; pulse eighty-six, soft and regular; skin warm and a little moist; bowels not moved.

Ordered, hydrarg. S.M. gr.xxv. to be taken at 9 o'clock.

Aug. 11, 6 *P.M.*—Slept the most part of the night; bowels moved three times copiously during the night; pulse ninety, full and with considerable force; drank a little tea.

Ordered, potassœ antimonis tartras, in nauseating doses through the day.

Has fever; pulse 100, wiry; drinks copious draughts of water. Dressed the wound—healing by the first intention. The patient was raised to the sitting posture, and bled from the arm to approaching syncope, losing about twelve ounces of blood, which relieved the pain in the head. Was ordered to take the following:—

℞—Hydrarg. S.M.	gr.xij.
Pulv. Ipecac.	gr.ij.

M. Divide into 6 powders;
One to be taken every four hours.

12*th*, *A.M.*—Passed a comfortable night; fever abated; bowels moved twice through the night; wound seems to be doing well.

6 *P.M.*—Much the same as in the morning. Entirely rational, but cannot command words to convey us ideas.

13*th*, 6 *A.M.*—Complains of pain about the wound; increased when he moved. Forgets sometimes what he is talking about. Pulse eighty, feeble. Gave chicken tea, brandy, and quinine.

14*th*, 6 *A.M.*—The wound has the appearance of sloughing where it was bruised with the hatchet. The sutures were all removed. There was considerable discharge from the wound of bloody matter.

6 *P.M.*—Has been restless through the day; pulse seventy-six, feeble. Removed a large portion of the flaps, with the forceps, that had sloughed. The incisions are again opening; applied argenti. nitras, ʒss. to the ℥j. of water. Continued the brandy and quinine.

15*th*, 7 *A.M.*—Rested well through the night; feels weak; pulse sixty-six, regular; seems to be acquiring some force; vomits after eating and drinking; wound indolent, and not healing.

Directed, brandy, ℥ss. and gr.ij. of quinine, four times in the day.

16*th*.—Much the same as yesterday; wound shows no inclination to heal. When the dressing was removed, some arterial blood escaped from under the skull. Applied the solution of nitrate of silver. Bowels being costive, was ordered a laxative. Continued the brandy and quinine.

17*th*.—The patient passed the night rather comfortable; pulse sixty-six; tongue furred; bowels moved; complains of some pain in the wound—not healing. Removed everything that would have any tendency to produce irritation.

Treatment: continued the tonics, with an anodyne at night.

18*th*.—Feels better than he has since he has been hurt; pulse seventy-two and regular; can sit up some; wound not sloughing any, begins to look healthy.

Treatment the same as yesterday.

19*th*.—Patient convalescing; appetite better; wound granulating, but the granulations are weak. Used stimulating dressing.

The patient continued to do well for about ten days, gradually gaining his strength, at which time he was attacked with inflammatory rheumatism in one knee, which was treated in the regular way—proving rather obstinate, greatly retarded the healing of the wound in the head.

His diet was farinaceous during the first weeks of his convalescence; but was subsequently left to his own taste.

He is now, at time of writing (Oct. 1,) entirely well, but has not yet resumed his occupation owing to weakness.

SELECTIONS.

A Case of Obstinate Regurgitation of the Contents of the Stomach, Treated by the Inhalation of Chloroform; with Remarks on Regurgitation. By ISAAC E. TAYLOR, M.D. Physician to Bellevue Hospital, New York. Read before the New York Medical Association, and published by request.

September 1, 1855, I was requested to visit a married lady, æt. twenty-seven years, who had suffered from chronic vomiting for several weeks.

She had just returned from Newport, R.I. where she had gone to enjoy the benefit of sea-bathing for the more complete restoration of her health, which had been delicate for the last few years, but had somewhat improved the few months previous to her going to Newport. Whilst she was at Newport, the affection of the stomach commenced. In the early part of August (I think the 6th) she had been bathing, and walked from the beach to her residence, a distance of one mile, which fatigued her very much. This, with the unpleasant information she had received by letter after her return, from a near relative, and producing some excitement of mind, was believed to be the exciting cause of the malady.

When I visited her, I found her looking cheerful, and her mental energies lively as usual. No depression of spirits; there was not much, if any, emaciation since I last saw her (July 19;) there was more feebleness; pulse natural; skin the same in feel and function; tongue clean and looked natural. The countenance did not present the appearance of any serious disease of the stomach or of the abdominal organs. Appetite was good, and she enjoyed her food with some relish. The bowels were not regular, nor had they been for some time, which was the reverse of what formerly had been the case, having been subjected to a form of chronic diarrhœa for the last two or three years, at intervals. She had been married for several years; was of a leuco-phlegmatic temperament, and had had five or six miscarriages. A sub-acute ovaritis had existed, and which, under treatment, yielded during the spring. The diarrhœa also ceased previous to her leaving for Newport. She vomited, or rather regurgitated her food after every meal, and whenever any fluid of the smallest quantity was taken, and seldom without something was swallowed. There was a slight burning sensation in the region of the cardiac extremity of the stomach, under the scrobiculis cordis, after she had rejected what she had taken. There was no pain on pressure over the region of the stomach; no tenderness; no enlargement was perceptible over the abdomen. No tenderness of the spine; but tenderness, the size of a quarter of a dollar, in the right iliac region, corresponding to the lumbo-abdominal nerves in this section of the abdomen. Urine natural, and no albumen. The menstrual function was normal; there was no disease of the uterus. This organ was normal in size, position, and appearance. The ovaries also the same. The food or drink was returned, with very little change, as soon as swallowed, without nausea, and without convulsive effort or change of countenance. She had not thrown off any blood. Acidity sometimes was present, and more so during the first week than ever afterwards during the time I was in attendance. The contents of the stomach, provided the patient had eaten or drank a larger quantity than usual, would be regurgitated, as a general rule, mouthful by mouthful, till the whole was eliminated. Sometimes, however, it would be rejected in larger quantities at a time. It usually occupied her from a half hour to one hour and a half to reject her food and drink. Solid food was partly digested, and other times not. She had been treated Homœopathically while at Newport, and also by the regular method of treatment.

From the appearance of the patient, and the manner in which the contents of the stomach were rejected, I considered it a case of regurgitation, and not vomiting, and that the malady appeared to be seated in the eighth pair of nerves, and the solar or semi-lunar plexus of nerves of the stomach was incidentally involved; that the stomach was not diseased in any of its tissues at the time. I did not consider it, therefore, as merely hysterical or as sympathetic of any uterine trouble, or of any internal organ. This opinion was expressed to the family the day following. The treatment, with this view of the case, was principally by those remedies that would have an influence over that portion of the nervous system. The alkaloids were first resorted to, and then the various sedative preparations. Cannabis indica, in the one-sixth of a grain, was of some service. McMunn's elixir of opii, in five-drop doses with five drops of vinegar, repeated every few hours, after meals and during the time of meals. The various mild ferruginous preparations were tried; chloroform internally and with camphor; nitric acid upon the stomach; blisters alone and dressed with the alkaloids; epispastic, not only to the stomach, but to the spine; also dry cupping to the spine along the greater part of its tract; stimulating liniments of chloroform, with aconite etc. were used. Nutritious enemas were also resorted to. In truth everything that could be suggested, and that was deemed advisable, was made trial of. Her diet was restricted, and cream and milk, in tea-spoonful proportions, were administered every half hour. This treatment seemed to prostrate her so much that she was permitted to eat whatever she pleased, and in this manner, although the food was regurgitated, she was sustained better, and, as I believe, only in this way. Out-door exercise was resorted to as much and as often as her strength would admit of.

As nothing I had suggested, in the treatment of the case, appeared to afford any benefit, Prof. Joseph M. Smith was invited by me to visit her, six weeks after I first saw her; and two or three weeks after this visit of Prof. Smith, Dr. C. D. Smith was invited to join Prof. Smith and myself. Under the treatment then advised, the malady still continued without any change for the better.

As no favorable result had ensued by March, she was advised to make trial of a sea voyage. She bore the sailing remarkably well, so much so as to merit the appellation of being "the best sailor aboard of the ship," and improved as respects her general strength; but she was not benefited in the least, while at sea, respecting the regurgitation, nor when she arrived at Paris. She there came under the supervision of Sir Joseph F. Olliffe, who had associated with him Professor Trousseau, during the whole of the time she resided there, which was three months. She was also visited by Prof. Rayer. The opinion of Prof. Rayer was, that it was a severe case of gastralgia. The views entertained by Sir Joseph and Prof. Trousseau were —I quote from Sir Joseph's letter to me, June 18, 1856:—"It is a case of obstinate regurgitation, unaccompanied with organic lesion; but, from its antecedents—the anterior uterine affection, the frequent miscarriages, and the manner of invasion of the malady—we both were impressed with the idea that the uterus was the *point de depart* of all the mischief. We determined, accordingly, to establish a point of irritation on that organ, by applying the actual cautery, and selected the anterior labium of the cervix, on which there existed a small ulceration." The treatment of these gentlemen proved of no avail, and the usual internal methods of treatment for affections of the stomach were also instituted with the like result. Hydropathy was tried, as well as electro-magnetism.

On the 8th July, the patient once more presented herself to my notice, without any change for the better. She was more emaciated and weighed about eighty-three pounds, as was after-was retained. In one hour afterwards, as there was some nausea, it was given again and retained—a symptom in the treatment of the case which was very gratifying to perceive, for so large a quantity had not been retained as long before since she was taken sick; and although I had, during the evening, my suspicions awakened to the possibility of her improvement, I felt at this time stronger encouragement to believe my patient was in a fair way of recovery. One hour after the last dose, as my patient had not slept during the day, and but little the evening previous, I gave her a pill composed of Indian hemp ½gr. and watery ext. of opium one gr. and one hour after this a second. After a short interval of time, as she appeared inclined to sleep, I left her till 7½ A.M. directing that some chicken-iced-jelly should be carefully and nicely prepared, which was given in tea-spoonful quantities every half hour for three hours, to be again resumed in three hours; this quantity in such a given time was continued till the next day, and then it was given in dessert-spoonful quantities with tea-spoonful doses of brandy and water. The third day, July 23, the nourishment was increased to table-spoonful proportions, every ten or fifteen minutes, till a sufficient quantity of food was taken, and with a gradual increase of other kinds of food; and under the general advice and directions given, she improved so much as to be able to leave for Lebanon Springs, August 6, and continued to improve during a sojourn of four weeks in the mountain region, so as to gain fifteen pounds during that time; and she is at this time enjoying as good health as previously; nor has any further evidence of the malady manifested itself from the time it ceased, July 20, to the present moment.

REMARKS.

The case of regurgitation of the contents of the stomach, as related, and which is considered as a peculiar morbid affection of that viscus, suggests a few remarks on the subject of regurgitation. In the various treatises on the practice of medicine, this form of affection of the stomach is not alluded to. Affections of this nature are usually embraced and considered as cases of vomiting, the stomach having the appearance of, and therefore believed to be, the principal seat of the disease. I think, however, it will be ascertained, on more mature reflection, and the investigation of cases of this character, that the disease is differently located. It is a conceded point, that there may be different antiperistaltic actions to which the alimentary canal, from the pharynx to the small intestines, is subjected. Rumination claims the first notice. Regurgitation is next presented to our observation, then vomiting, and, if carried further down the intestinal tract, ileus. The first two will more especially invite our attention.

Rumination, we are aware, is generally allied to the animal kingdom as well as regurgitation, and it might seem singular that the natural process of some of the animal creation might or could occur in the human species, and be recognized as one of disease. Nevertheless, such appears to be the fact, as instances of this nature do occasionally present themselves to the experience of professional men, not only in affections of the stomach, but in other parts of the human organization—the nervous system especially. By rumination, we understand the act or process by which a part of the food, after it is taken, rises into the pharynx, after a longer or shorter interval of time, varying from a few minutes to several hours.

Fluids are more easily thrown up than solids, and vegetable than animal matter. There is no nausea nor offensive taste perceptible, and after the substances have been retained for a time in the mouth, they are again swallowed, when another portion rises; and this is repeated more or less frequently in a period of time varying from a few minutes to one or two hours. The act, however, is not generally the actual rumination of the cloven-footed animals.

In the instance of a young gentleman, who has lately presented himself to my observation, this function has existed for nearly a year, but it is only in the morning after breakfast, and not during any other meal. Portions of the food he has partaken of will be returned to the mouth and then swallowed. It is sometimes thrown off or rather regurgitated. His health, in other respects, appears to be generally good. He is engaged as a clerk in business, and frequently, through the hurry or press of business, eats with rapidity, or, in other words, bolts his food.

Sir Henry Marsh, in an article on regurgitation, in the *Dublin Quarterly Journal of Medical Science*, Vol. XXIII. refers to the case of a young gentleman which bears pointedly on this affection. The young gentleman was a clerk in a bank, enjoyed good health, lived at his desk, took but little exercise, and dined hurriedly, scarcely allowing himself time to masticate his food. Soon after dinner, portions of food, with little or no effort on his part, ascended into his mouth, were re-masticated and again swallowed. In this manner, according to his own account, the whole food underwent the secondary process. It was a source of much enjoyment to him, and he prided himself upon the possession of this novel capability. Romberg, however, says he has not found the rumination in man to be actually the same as in animals, and that the morsel thrown up is not subjected again to trituration. This corresponds with my own experience. The case of Sir Henry is, nevertheless, very clear and decided in this respect, showing that the normal act of the animal kingdom may, through disease in the human species, assume the same features. In man, the act of rumination is generally an involuntary one. In a case, mentioned by Blumenback, and one also by Peter Frank, it was considered as dependent on the will. It is related by Dr. Heiling, that Professor Westendorf, of Gustrow, was able to ruminate whenever he wished, but that if he took any active exercise after meals, it would certainly occur. It may also be remarked, that if another disease should supervene, such for instance as gout or rheumatism, the affection might cease. Pressure with both hands on the stomach, we know, if freely made after a meal, will produce the same effect.

Peter Frank was of the opinion, that in persons who suffer from eructations, and are voracious, rumination is induced by a bad habit, the ruminating matter offering an encouragement to the repetition of the experiment. By regurgitation is meant that act or process by which the contents of the stomach are eliminated, whether of the fluid, gaseous, or solid nature, without much or any nausea, without any or very little convulsive effort, without sickness, or any change of color or tinge appearing in the face during the act; in truth, having the appearance as though the fluid or solid contents of the stomach issued from the stomach without any difficulty or exertion. In the same individual, the food may be sometimes vomited and sometimes regurgitated; and it may be cast off entirely, and sometimes discharged, as in the case of our patient, mouthful by mouthful till the whole is rejected, occupying from half an hour to one and a half or two hours. The food is therefore in some instances partly digested from the length of time it is being regurgitated; and will sometimes not be digested, and the act of regurgitation may then be difficult to recognize from vomiting.

Regurgitation, as well as rumination, are normal and natural functions of various forms of the animal creation. In many of the lower order of the polypi, the entire order of the entozoa, the sterelmintha of Rudolphi, the superfluous part of the food is regurgitated after the nutritious portion is abstracted by digestion. In fishes, the same is likewise noticed. In birds it is also recognized, such, for instance, as the vulture, eagle, the pheasant, parrot, and the pigeon, and it is strikingly manifest, repleted; a portion of the milk is regurgitated, and the process of digestion then goes on to completion; and in the adult we notice in some cases, where large quantities of gases are generated, and which, on being thrown up, leave the individual easy, that digestion is then accomplished afterwards with more comfort. We recognize the salutary influence, also, in the rejection of morbid fluids which mark certain forms of indigestion, as in pyrosis. In pertussis, which is considered by many pathologists as an affection of the par vagum, engaging those portions that go to the chest and œsophagus. In this disease it is noticed that, after the cough, a part and sometimes the whole contents of the stomach are regurgitated by the child, and as soon as rejected, the child will again resume its eating, immediately after the paroxysm; and it is rejected without much or any effort, nausea, or convulsive action of the stomach.

From the intractable nature of the cases we are discoursing upon, continuing, as they may, for several years, provided no organic lesion should spring up—and we can record one instance of two, and another of three years duration, which recovered without any lesion; in cases of this nature, the mind of the medical man will naturally grow incredulous respecting the true character of the disease, and will again and again feel strongly inclined to suppose or believe that organic changes have occurred, or must exist, where such a lengthened continuance of a disease has shown itself, and that the various forms of degeneration of that organ, either of the fibrous and cancerous order, and perforating ulcer, or ulceration, may be present, and even sarcinæ. If this view is not entertained, and various forms of treatment been adopted and proved of little or no avail, hysteria generally comes in for a solution of the difficulty, as throwing more light on the subject, for want of more satisfactory explanation, presuming there is "something behind" not yet clearly recognized, being either idiopathic or sympathetic of some uterine or ovarian trouble, or possibly from some internal organ —such as the liver, kidney, or tuberculous affection of the brain, or a general tuberculosis. Emesis, in diseases of this nature, occurs not only during the time of digestion, but between the time of eating, and possibly some slight hemorrhage may be manifest, as adding to the solution of the disease; this, however, is not the case in instances of regurgitation; for in nearly every instance, in which regurgitation occurs, the food is immediately, or very soon after it is partaken of, rejected, and whilst it is undergoing the process of digestion. Believing that this one symptom of diagnosis will be sufficient, together with the history of the case, while the food is rejected, and the slight emaciation more perfect; and that if irritated by pinching, etc. digestion was more easily accomplished. We are, therefore, justified in concluding that a deleterious influence is propagated downwards to the stomach by lesion of the vagi, either by pressure on it, or by disease.

In the tenth and eleventh experiments of Dr. Reid, on the vagi of dogs, the vomiting was very frequent, and the animal would vomit up its food, afterwards partake of it again, and then reject it again, and this continued for several minutes. The death of the animal was attributed to the frequency of vomiting; and, on examination after death, there was evidence that digestion was proceeding at the time of dissolution. As the experiments are of so much interest, and bear so clearly and pointedly on the subject, as illustrating the function of that nerve while under lesion, I have thought it might not be amiss to quote the eleventh experiment, as exhibiting the close analogy to cases of regurgitation in man.

The subject of the experiment was an old and large pointer. The vagi was cut on the 27th June, at half-past eight A.M. On the 28th, he was dull and languid; had no apparent uneasiness; refused to eat, and had a little vomiting. On the 29th, took a little food, which was soon vomited. On the 30th, was dull, and vomited a small quantity of food taken. 2d July, took a quantity of milk, which was vomited some time afterwards. 3d, appetite deficient, and the food taken was vomited after a shorter or longer time. On the 5th, still vomited a great part of the food taken, and was evidently becoming more feeble. At 3 P.M. was poisoned with prussic acid, and died soon afterwards. On post mortem examination, soon after death, the stomach was found healthy and slightly red on the inner surfaces, as is usual when digestion is proceeding. This was also the case in two other experiments of a like nature. After lesion of the vagi, vomiting, or rather regurgitation, is generally occasioned by the presence of the food in the stomach, and not from any irritation of the nerve itself, even if it is divided; and it has been remarked that dogs made no effort to vomit when the stomach was empty, but were seized with vomiting immediately or soon after food was taken into the stomach, where lesion of the vagi existed. It is very apparent, therefore, from the experiments so carefully carried on by the eminent physiologists referred to, that there is a marked and distinct difference between the physiological action of the nerves going to the stomach and the œsophagus; and that when vomiting is produced by the lesion of any internal organ, it is by a reflex action, transmitted from the irritation of the brain to the medulla oblongta first, and then reflected to the stomach; but that cases of vomiting, or rather of regurgitation, may exist idiopathically when the lesion of the par vagi is solely affected, as we have shown; and further, of the central organs, the spinal cord rarely bears an etiological relation to vomiting, for injuries and diseases of that portion of the nervous system are so uniformly followed by paralysis of the expiratory muscles, that that alone accounts, according to Romberg, for the rare occurrence of vomiting as a concomitant symptom. In the observations by Olliver, there are but few instances, and they apply rather to the first stage of myelitis, than to other spinal affections; but, on the other hand, the brain bears a close relation to vomiting, for we have often seen how a mental impression quickly suffices to produce it. Instances of voluntary vomiting are very rare, though it is recorded that Bichat possessed this faculty.

When I reflected on the views that have been promulgated of the natural action of the œsophagus, the result of the experiments on the par vagum in animals, where there was a lesion of that nerve; seeing the persistency of the regurgitation of my patient, with the slight emaciation when I first saw her, and noticing also the ease with which she rejected her food, of what ever form it might consist, of fluid or solid, and occurring at the time the food was taken, and seldom or ever without something was partaken of, though of the slightest or smallest quantity, it was evident that the case presented the appearance so nearly allied to the par vagum, where lesion had occurred from experiments on that nerve in animals, and that that nerve had therefore undergone a lesion in some form or other. Being unsuccessful in overcoming or mitigating the affection whilst she was under my charge, by treatment, previous to her sailing for Europe, and then returning without having received any benefit from the treatment of several of the most prominent professional gentlemen in Paris, with the views I entertained, I deemed it advisable that chloroform should be tried after the patient had partaken of food, and the reasons for this method of treatment I will now relate:—

The par vagum was considered as the *point de depart* of the malady, with the solar plexus of nerves going to the stomach incidentally engaged, and that in consequence of this the *antiperistaltic motion* of the *œsophagus* had *occurred;* that the *stomach* had *ceased* to *perform* its *natural* functions perfectly, and that it was possible, if the *antiperistaltic* action of the *œsophagus* could be *arrested* or *quieted* after *food* had been taken, thus permitting the stomach to assume its natural and perfect functions, which it had not done for nearly a year, and the digestion process sustained for one or one and a half hours without regurgitation, more nourishment would be taken into the system than she had received during the time she was usually engaged in disgorging her food as she was accustomed to do: for this must have been the only way in which she had existed, or else she would have died of inanition. The first trial we have noticed, July 17, was in some measure successful and warranted a repetition of the remedy; and, on the 19th July, after a full meal for her dinner, proved to be so successful that there was no occasion to resort to it again, nor to any other remedial agent, except a few doses of the mixture as stated above.

I am loath to believe, with the views I have expressed, why there was functional lesion of the eighth pair of nerves, and of that portion going to the cardiac extremity of the stomach, corroborated by the experiments of so many eminent physiologists, they could be viewed as speculative in their character, and the treatment considered as of the same order, for this view must, I think, be negatived by the success which has attended the administration of the remedy, while the stomach was repleted, proving, I think, the correctness of the reasoning and as excluding the malady from that protean form of disease, hysteria, under which so many affections are classed, for want of a better and more scientific explanation.

It might be alleged, that as the mind was materially affected at its commencement, and as one of the exciting causes, the mental impression may have sustained the affection, but this can have no validity, as the circumstances that existed at the commencement and previous to its occurrence, still continue as at that time.

It might be supposed that the sea voyage on her return home had conduced to the favorable result of the case, but this could not reasonably be alleged as aiding in the least to the benefit of the patient, for the affection continued in the same manner as previous to her leaving America; nor did the quiet and rest which she enjoyed at home aid her, as no improvement had manifested itself till the inhalation of the chloroform had been resorted to, two weeks afterwards.

I am not unmindful, however, that changes may occur in the cardiac extremity of the stomach, when the disease has existed for a considerable length of time, and that the œsophagus may, in its tissue, take on the degenerative form. In three ruminating individuals, all of the male sex, Arnold found the œsophagus in the stomach considerably dilated, limited above by a printed on fair type and paper, but very coarsely bound in cloth, without being sufficiently trimmed to cut the leaves apart. It contains Chapters or Essays, by Prof. Simpson, on the following highly-interesting subjects, viz.:—

First—Pathology of the Puerperal State.

Second—Physiology and Pathology of the Products of Conception.

Third—Pathology of Infancy and Childhood.

Fourth—Anæsthesia in Surgery.

Fifth—Anæsthesia in Midwifery.

Sixth—On the Nature and Powers of Various Anæsthetic Agents.

Seventh—On Local Anæsthesia.

The matter contained in the last four sections had been previously extensively re-published in this country. The whole volume, however, will be found extremely valuable to the practitioner, being replete with interesting facts drawn from observation and experience, and should consequently have a place in every medical library.

It is for sale at D. B. Cooke & Co. 112 Lake Street, Chicago.

Materia Medica, or Pharmacology and Therapeutics. By WM. TULLY, M.D. Vol. I. No. 20, June, 1856. Springfield, Mass. published by Jefferson Church, M.D. 1856.

This interesting and original publication continues to be issued in numbers, and to maintain fully the character for merit which was exhibited in the first numbers.

Price, twenty-five cents per number.

American Journal of Pharmacy, published by authority of the Philadelphia College of Pharmacy. Edited by WM. PROCTOR, Jr. Professor of Pharmacy, &c.

The November number of this well-established bi-monthly journal has been received, and its contents are as varied and interesting as usual. It is well worthy of the patronage of both physicians and druggists.

Price, three dollars per annum.

On the Diseases of Infants aud Children. By **Fleetwood Churchill**, M.D. M.R.I.A. Hon. Fellow of the College of Physicians, Ireland. Second American Edition, Enlarged and Revised by the Author. Edited, with Additions, by **Wm. V. Keating**, M.D. A.M. Physician to St. Joseph's Hospital, Lecturer on Obstetrics, &c. Philadelphia, Blanchard & Lea, 1856.

The former edition of Dr. Churchill's work on Diseases of Children, has been before the profession several years, and its merits are consequently well known. The present edition has been carefully revised by the author, and copious references made to American writers on the several topics discussed, the object being to adapt it especially to the American market.

The present volume contains seven hundred and thirty-five pages, and is divided into two parts.

Part I. is "On the Management of Infancy and Childhood," and embraces Chapters on the following subjects, viz.:—

1. Preliminary Observations on the Management of Infancy and Childhood. 2. Management of the Infant at Birth. 3. The Food of Infancy and Childhood. 4. Cleanliness. 5. Air and Exercise.

Part II. is on "The Diseases of Infancy and Childhood," and contains Chapters on the following topics:—

1. Intra-Uterine or Congenital Diseases. 2. Cephalœmatoma—Fractures of the Cranium. 3. Irritation of the Nervous System—Trismus Nascentium. 4. Chorea—St. Vitus' Dance. 5. Convulsions. 6. Acute Meningitis—Acute Hydrocephalus. 7. Chronic Hydrocephalus. 8. Inflammation of the Brain. 9. Tumors of the Brain. 10. Conjestion and Apoplexy of the Brain. 11. Paralysis. 12. Intra-Uterine Diseases of the Respiratory Organs. 13. Spasm of the Glottis—Thymic Asthma. 14. Hooping Cough. 15. Croup. 16. Atelectasis Pulmonum. 17. Bronchitis. 18. Pneumonia. 19. Pleurisy. 20. Phthisis. 21. Malformation of the Heart. 22. Pericarditis. 23. Endocarditis. 24. Congenital Malformation of the Digestive Organs. 25. Dentition. 26. Inflammation of the Mouth. 27. Apthœ and Thrush. 28. Miguet, or Pseudo-Membranous Inflammation. 29. Ulcerated Sore Mouth. 30.

Gangrene of the Mouth, or Cancerum Oris. 31. Tonsilitis. 32. Parotitis. 33. Pseudo-Membranous Pharyngitis. 34. Putrid Sore Throat. 35. Post Pharyngeral Abscess. 36. Diseases of the Stomach. 37. Indigestion or Weaning Brash. 38. Gastritis. 39. Diarrhœa. 40. Dysentery. 41. Intestinal Worms. 42. Jaundice and Enlargement of the Liver and Spleen. 43. Tabes Mesenterica. 44. Peritonitis. 45. Diseases of the Skin—under this head, the author treats of the usual list of Chronic Cutaneous Affections and the Eruptive Fevers. 46. Infantile Remittent Fever. 47. Typhoid Fever. 48. Infantile Syphilis.

From the enumeration of the contents of the work, our readers will see that it is a comprehensive treatise, embracing almost everything relating to the diseases of infancy and early childhood, whether congenital or non-congenital. The method pursued by Dr. Churchill, in writing his work, is strictly that of a *compiler*, rather than of an original thinker and experienced practitioner. And while we cannot recommend the work to the exclusion of the valuable treatises by Stewart, Condie, and Meigs of our own country, we can cordially assure our readers that they will find it a very valuable addition to their libraries.

For sale by D. B. Cooke & Co. Lake Street, Chicago.

A Treatise on Therapeutics and Pharmacology, or Materia Medica. By GEORGE B. WOOD, M.D. Late President of the American Medical Association; President of the College of Physicians of Philadelphia; Professor of the Theory and Practice of Medicine in the University of Pennsylvania; Senior Physician to the Pennsylvania Hospital, &c. In Two Volumes. Philadelphia, J. B. Lippincott & Co. London, Trubner & Co. 1856.

The above is the title to a new and very valuable work on an important branch of medical science. It consists of two volumes, containing over eight hundred pages each, printed on good type and paper, and substantially bound in calf. The author was for many years an eminent teacher of Materia Medica, and, in the present volumes, has given to the profession one of the most complete and valuable text-books to which the student can have access. Like the work, of the same author, we trust they may find consolation in the many good works which he did while with us; in the gratitude with which his name will be cherished, and in the trust that a useful earthly existence has prepared him for a life of clearer knowledge and purer happiness.

Resolved, That a copy of these resolutions be sent to Mrs. Banks, by the Secretary.

On motion of Dr. Davis, the Society then adjourned to meet at one o'clock.

AFTERNOON SESSION.

The President, Dr. York, called the Society to order according to adjournment.

Drs. Davis and McCord were appointed to fill vacancies in the Board of Censors.

Dr. Davis proposed Dr. Frizell, of Bloomfield, for membership. Referred to the Censors.

Reports from standing committees called for.

Dr. Chambers, from the Committee on Surgery, read a report. Discussed by Drs. Davis, Chambers, York, and others.

Dr. Payne, Chairman of the Board of Censors, reported favorably on the application of Dr. Frizell. The Doctor then read a paper on Inflammation of the Uterus, which was discussed by Drs. F. R. Payne, Davis, York, H. R. Payne, Chambers, McCord, Frizell, and Stormont.

Dr. Frizell was then balloted for and unanimously elected.

Dr. Davis read a paper on Pneumonia. Discussed by Drs. Chambers, Davis, Mc Cord, and York.

Dr. McCord asked to be excused for not reporting on Typhoid Fever. Excused. Some pertinent remarks on the diagnosis of this disease were made by Drs. York, Chambers, and Payne.

The Society then proceeded to the election of officers for the ensuing year, which resulted as follows, viz.:—

Dr. F. R. PAYNE, *President.*

Dr. W. M. CHAMBERS, *Vice-President.*

Dr. D. W. STORMONT, *Secretary.*

Dr. D. O. MCCORD, *Treasurer.*

Drs. S. York, T. M. Smith, J. M. Stuh, S. W. Thompson, and H. R. Payne, *Censors*.

On motion, the Society then went into an election for Delegates to the American Medical Association and to the State Society. Drs. S. York and D. W. Stormont were elected Delegates to the National Association, with power to appoint alternates; and Drs. Duncan, Stormont, Chambers, and Smith were elected Delegates to the State Society, with power to appoint alternates.

On motion of Dr. Stormont, the Society now adjourned to meet at the Presbyterian Church, at 6½ o'clock, to hear the Annual Address by Dr. H. R. Payne.

EVENING SESSION.

The Society met as per adjournment. Dr. H. R. Payne, being introduced, delivered an excellent address to a large and attentive audience on the True Position of the Medical Profession. Dr. York, the retiring President, then delivered a spirited Valedictory on Quackery in the Profession. The audience was then dismissed, and the Society proceeded to the regular business.

On motion of Dr. York, the Treasurer was instructed to make a full report of the condition of the finances of the Society, at the next meeting.

Dr. Stormont moved that the thanks of the Society be tendered to Drs. Payne and York for their very excellent addresses, and copies requested for publication. Carried.

The resolution offered by Dr. Mitchell, at the last meeting, coming up, on motion of Dr. York it was laid on the table.

Charleston was selected as the place for holding the next meeting.

Dr. H. W. Davis was appointed to deliver the next public address.

The following gentlemen were appointed Chairmen of the Standing Committees (of their own selection,) to report on the subjects annexed to their names, at the next *annual* meeting, viz.:—

Dr. S. Thompson, Surgery.

Dr. F. R. Payne, Practical Medicine.
" J. Tenbrook, Midwifery.
" S. W. Thompson, Epidemics.
" C. A. Hunt, Indigenous Botany.

Drs. McCord, Smith, and Frizell were appointed a Business Committee, to select subjects for essays and reports at the next semi-annual meeting, said Committee to report to-morrow morning.

On motion the Society adjourned to meet to-morrow morning, 8 o'clock.

OCT. 30, MORNING SESSION.

The Society met as per adjournment, Dr. Payne in the chair.

The Secretary read a report on Epidemics, by Dr. Chambers.

Dr. H. R. Payne read a paper on Malignant Inflammation of the Fauces, reporting several cases.

The Business Committee announced the following subjects, and the President appointed the gentlemen whose names are opposite the subjects, to report thereon at the next meeting, viz.:—

Epidemic Opthalmia, Dr. S. York.
Milk Sickness, Dr. J. M. Logan.
Scrofula, Dr. T. D. Washburn.
Pneumonia, Dr. H. W. Davis.
Rheumatism, Dr. T. M. Smith.
Prolapsus Uteri, Dr. Balch.
Veratrum Viride, Dr. C. Gorham.
Epidemic Dysentery, Dr. D. Bowers.
Acute Bronchitis, Dr. J. D. Mitchell.
Use and Abuse of Alcohol, Physiologically Considered, Dr. J. M. Hinkle.
Stomatitis Materna, Dr. W. M. Chambers.
Delirium Tremens, Dr. Holms.
Relations between Cardiac and Pulmonary Diseases, Dr. J. H. Frizell.
Sequalæ of Intermittent Fever, Dr. D. O. McCord.
Influence of Malaria in Modifying Diseases, Dr. H. R. Payne.
Membranous Croup, Dr. C. Johnson.

Typhoid Fever, its Diagnosis and Treatment, Dr. C. M. Hamilton.

Cause of Intermittent Fever, Dr. V. R. Bridges.

Induration, Inflammation, and Ulceration of the Os Uteri, and Use of Speculum, Dr. Davis.

Best Means of Procuring Water for Drinking Purposes, Dr. O. Q. Herrick.

On motion of Dr. Chambers, Drs. S. Thompson, Bridges, and Bowers were continued a Committee on Substitutes for Quinine, to report at the next meeting.

Dr. A. A. Lodge, of Midway, being proposed and recommended by the Censors, was unanimously elected a member of the Society.

Dr. Chambers moved that a committee be appointed to memorialize the Legislature to pass a law regulating the sale of Patent Medicines. Carried. Drs. Chambers, Davis, and York were appointed said committee.

The Society then adjourned to meet at one o'clock.

AFTERNOON SESSION.

The Society met, the President in the Chair.

Dr. Payne moved that the Treasurer be instructed to discharge all the just debts of the Society. Carried.

Dr. Chambers moved the Treasurer call on each member for two dollars assessment. Carried.

Here quite a lengthy discussion arose on the propriety of publishing, semi-amnually, all the transactions of the Society; but the subject was laid over without any definite action being taken on it.

Dr. Chambers offered the following resolution, which was adopted, viz.:—

Resolved, That the Secretary be instructed to correspond with the Secretary of the Smithsonian Institute, in reference to procuring four full sets of Meteorological Instruments for the use of the Society.

Drs. Chambers, Lodge, and Herrick, were appointed a Committee of Arrangements.

It was ordered that a copy of the proceedings of this meeting be furnished the *North-Western Medical and Surgical Journal*, and the newspapers of the district, for publication.

The Society then adjourned to meet in Charleston, on the last Wednesday in May.

F. R. PAYNE, *President*.

D. W. STORMONT, *Secretary*.

EDITORIAL.

Rush Medical College.

The regular term of lectures in this Institution commenced on the first Monday in last month. The general introductory lecture was delivered by Prof. H. A. Johnson, and was listened to with much pleasure by the audience. The lecture was beautifully written, and in sentiment strictly appropriate to the occasion. The number in attendance during the present College term does not vary materially from that of former years; and the advantages they possess cannot be easily excelled. Aside from the regular courses of instruction in the College, Members of the Class have access to the Marine and Mercy Hospitals, both of which are well filled with patients. The Professor of Surgery gives clinical instruction four mornings each week in the Marine Hospital, and the Professor of Practical Medicine six in the Mercy Hospital. By this arrangement every student, taking the Hospital tickets, can receive instruction directly at the bed-side, at least four mornings each week, and yet have the number in attendance at any one time so limited as to permit the most full and careful examination of each individual case, including the frequent practice by the student of auscultation and percussion.

Number of Medical Journals.

A recent number of the *Memphis Medical Recorder*, gives the following statistics in relation to the number of Medical Journals published in the different countries of Europe and America, viz.:—

"Germans 58, Dutch 8, Swedish 18, English 30, French 34, Belgian 13, Italian 12, Spanish 9, Canadian 3, United States 40—total, 225. The Journals of Pharmacy are included in this list, of which there is a goodly number on both sides of the Atlantic; but it does not embrace the numerous journals, a large majority of which are published in this country, devoted to some one or another of the exclusive systems of practice in vogue."

To Subscribers.

The present number of the *Journal* closes the fifth volume of the new series, and there are still many subscribers who have not paid their subscriptions. Indeed, there is over $1,500 due us from subscribers to Volumes IV. and V. Will not each individual concerned give immediate attention to this matter. We would like to commence the New Year with all previous accounts settled, and the books fairly balanced.

Medical Ethics.

In a former number of the *Journal* we made some comments on a hand-bill, purporting to come from Drs. Kreider & Kimber, of Prairie City. We have since been satisfactorily assured, that though the hand-bill was printed, it was never actually circulated or distributed among the people, simply because its authors, on reading it over, were satisfied that it was not in accordance with the Code of Ethics, or with that sense of propriety which should govern every intelligent physician.

We are glad to make this correction, because our previous acquaintance with Dr. Kreider had led us to regard him as a high-minded and honorable man in all the relations of life, and we would not, knowingly, do him or any other the slightest injustice.

Transactions of the Illinois State Medical Society.

We are glad to see by our exchanges that the past year's doings of our State Society are regarded abroad as highly creditable; and, as it may encourage many of the members to make renewed efforts and more extended investigations, we copy the following from that well-known sheet the *Boston Medical and Surgical Journal*:—

'*Transactions of the Illinois State Medical Society for the Year* 1856. Pp. 92. Chicago, 1856.—No surer test of the rapid advance of the most favored of the more Westerly States, in population and influence, could be afforded, than is furnished by a glance at the condition of medical science in that State, as shown by the transactions of its Medical Society, which has just met for the sixth time since its formation. This Society, it appears, numbers about fifty active members, who assemble each year, in one of the principal towns of the State, for the purpose of medical improvement and social intercourse. The pamphlet before us contains, in addition to the business doings of the Society, an excellent report from the Committee on Practical Medicine, by Dr. Thompson; a report on Orthopœdic Surgery; and the Annual Address by the President of the Society, Dr. Davis.

'The report of Dr. Thompson is clear and able, containing much useful information in reference to the diseases which have been most prevalent during the past year. Diseases of a periodic nature, as we should expect, come first in order. This class of diseases, it seems, "have been more extensively prevalent during 1855, than at any previous period;" in Clark County showing itself on the *barrens*, which have before been exempt from its ravages. In the treatment of these diseases, Dr. Thompson mentions the sulphate of cinchona as possessing "many if not equal advantages with the quinine," not producing the unpleasant cerebral sensations peculiar to the latter remedy, and being cheaper and more easily obtained.

'Appended to the remarks on Periodic Fevers, is a carefully-prepared table, containing 356 cases of periodic disease, by which it appears that the notion entertained by some systematic writers, that the paroxysm of quotidian is early in the morning, is not infallible. They also show that these fevers do not always assume a graver form as the season advances, as has by many been supposed; the severest cases having occurred in September and October, while in the later months "the diseases were simple intermittents, and soon dismissed."

'Dr. T. prefers large doses of quinine (from six to nine grains combined with morphine,) stating that it produces less excitement than when given in smaller doses at short intervals.

'The other diseases alluded to in the report are typhoid fever, pneumonia, the exanthemata (more particularly variola, which of late seems to have prevailed to an unusual extent there, as elsewhere,) milk-sickness, and cholera.

'We pass over the able report on Orthopœdic Surgery, by Dr. Prince, to the Annual Address by the President of the Society, Dr. Davis, which is mainly taken up with the treatment of phthisis by alcoholic liquids. Dr. Davis is inclined to doubt the opinion which has of late obtained, that whisky punch is a specific in this formidable disease, and adduces much evidence and brings much good sense to bear upon this important question. Whatever be the present apparent success of this mode of treatment, it certainly must require a large experience to test the merits of a method which seems at variance with the deductions of the most careful and varied experimental physiological researches.

'Dr. D. concludes by entreating the members of the Society to "adopt more rigorous and careful modes of investigation; at least to avoid giving currency to those loose general statements which can only deceive the sick, and sometimes give encouragement to habits which may plunge thousands of the well into irretrievable ruin."

'We cannot take leave of this subject without the expression of a hope that some of the State Societies nearer home will copy the example of our brethren of Illinois, and render their annual meeting one of profit as well as of festivity. This noble State, extending as it does from the parallel of Boston to that of Norfolk, affords a rich field for the observing and well-educated physician, and with its present corps of medical officers must ultimately yield fruits which may be of inestimable benefit to the race.' F. E. O.

V. NEW SERIES. No. 12.

THE

NORTH-WESTERN

MEDICAL AND SURGICAL

JOURNAL.

EDITED BY

N. S. DAVIS, M.D.,

FESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE AND CLINICAL MEDICINE IN
RUSH MEDICAL COLLEGE; ONE OF THE PHYSICIANS TO THE MERCY HOSPITAL.
FELLOW OF THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK;
MEMBER OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK,
AND OF THE STATE OF ILLINOIS; MEMBER OF THE
AMERICAN MEDICAL ASSOCIATION, &c., &c.

DECEMBER, 1856.

CHICAGO:
ROBERT FERGUS, PRINTER.
189 LAKE STREET.

L. XIII. WHOLE SERIES. No

AT TWO DOLLARS PER ANNUM, IN ADVANCE.

3 9015 06227

NOV 2[illegible] 1982

UNIV OF MICH
LIBRARY